

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8218

State File No.

FILED APR 3 1951

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4215 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>ST. CLAIR Co.</u>	
b. CITY OR TOWN <u>BRAWNINGTON, (Town)</u>		c. CITY OR TOWN <u>SO. JACKSON TWP. 0930</u>	
c. LENGTH OF STAY (in this place) <u>2 HRS.</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>NOEL</u> b. (Middle) <u>GERALD</u> c. (Last) <u>TALLY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 25, 1951</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DEC. 28, 1920</u>	9. AGE (In years last birthday) <u>30</u>	10. IF UNDER 1 YEAR Months <u>2</u> Days <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINISTER.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PREACHING.</u>		11. BIRTHPLACE (State or foreign country) <u>ST. CLAIR Co.</u>	
13a. FATHER'S NAME <u>MARTIN R. TALLY</u>			13b. MOTHER'S MAIDEN NAME <u>ELIZABETH WRIGHT</u>		14. NAME OF HUSBAND OR WIFE <u>Cora Tally</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES. W. WAR 2.</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Cora Tally, Lacey City, Mo.</u> ADDRESS <u>4201</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>CORONARY OCCLUSION</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION</u>		INTERVAL BETWEEN ONSET AND DEATH <u>INSTANT</u>	
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Hugh B. Walker, MD. Coroner</u>		23b. ADDRESS <u>Clinton, Mo.</u>		23c. DATE SIGNED <u>26 Mar. 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-27-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wright's Creek</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Clair Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Florence Adams</u>		ADDRESS <u>W. A. Causant, Clinton, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4203

RECEIVED 4-2-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 4-2-51 _____

APR 17 1951

OCT 3 1951

FEB 17 1954

APR 5 1951

APR 17 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, W. J. Tansant

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed W. J. Tansant

Licensed Embalmer No. 3779

P. O. Address Clinton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.