

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10699
2007
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Oklahoma b. COUNTY Garfield

b. CITY OR TOWN St. Louis, Mo c. LENGTH OF STAY (in this place) 27 days

c. CITY OR TOWN Enid d. STREET ADDRESS (If rural, give location) 701 W. Walnut 8

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Chastain c. (Last) Talley

4. DATE OF DEATH (Month) (Day) (Year) Feb 28, 1951

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Aug 9, 1882 9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 68 6 19

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) A.R. Engineer

10b. KIND OF BUSINESS OR INDUSTRY Railroad

11. BIRTHPLACE (State or foreign country) Italy, Tex 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Benjamin Grand Talley 13b. MOTHER'S MAIDEN NAME Betty Morton 14. NAME OF HUSBAND OR WIFE Myrtle Ann Rice Talley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Daughter: Mrs G. Nicholas, Ipswich, S.D.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach

INTERVAL BETWEEN ONSET AND DEATH 6 mo

ANTECEDENT CAUSES

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gastroenterostomy performed 2-22-51 and pt. had frequent hemorrhages.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 2-22-51 19b. MAJOR FINDINGS OF OPERATION: Carcinomatous - Stomach - liver - glands

20. AUTOPSY? YES NO

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) (Min.) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 191X

22. I hereby certify that I attended the deceased from Feb. 5, 1951 to Feb. 28, 1951, that I last saw the deceased alive on Feb. 28, 1951, and that death occurred at 11:05 P. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Kenneth Miller 23b. ADDRESS 4760 Larchdale 23c. DATE SIGNED 2-28-51

24a. BURIAL, CREMATION, REMOVAL (Specify) removal 24b. DATE 3-1-51 24c. NAME OF CEMETERY OR CREMATORY _____ 24d. LOCATION (City, town, or county) (State) Enid, Oklahoma

DATE REC'D BY LOCAL REG. MAR 1 REGISTRAR'S SIGNATURE J. B. Larister 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington

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

OCT 25 1956

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, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John J. Haines

Licensed Embalmer No. 4108

P. O. Address St Louis 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.