

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19391

FILED JUN 27 1951

BIRTH NO. _____ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 4036 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>BATES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BATES</u>	
b. CITY OR TOWN <u>RICH HILL</u>	c. LENGTH OF STAY (in this place) <u>2 yrs</u>	c. CITY OR TOWN <u>RICH HILL</u>	<u>1070</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7TH & WALNUT ST.</u>		d. STREET ADDRESS (If rural, give location) <u>201 W. PARK AVE.</u>	
3. NAME OF DECEASED a. (First) <u>CLYDE</u> b. (Middle) <u>ANDREW</u> c. (Last) <u>TALBOTT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE-21-1951</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>JULY-27-1923</u>
9. AGE (In years last birthday) <u>27</u>		10. KIND OF BUSINESS OR INDUSTRY <u>TELEPHONE</u>	11. BIRTHPLACE (State or foreign country) <u>LIBERAL, MISSOURI</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LINEMAN</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>RICHARD TALBOTT</u>		13b. MOTHER'S MAIDEN NAME <u>KATHERY BISHOP</u>	
14. NAME OF HUSBAND OR WIFE <u>ANNA LEE TALBOTT</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.W.II</u>	
16. SOCIAL SECURITY NO. <u>496-20-2382</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dean Talbot - Rich Hill, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chokehold</u> INTERVAL BETWEEN ONSET AND 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) <u>Chokehold with line wire on</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9145</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <u>Accident</u>	
21b. PLACE OF INJURY (e.g., in or about house, factory, street, office, etc.) <u>Street</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Rich Hill Bates Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 21 1951 5P</u>		21e. INJURY OCCURRED WHILE WORKING? <input checked="" type="checkbox"/> NOT WHILE WORKING <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Chokehold on pole</u>		22. I hereby certify that I attended the deceased from _____, to _____, 19 <u>51</u> , that I last saw the deceased alive on _____, 19 <u>51</u> , and that death occurred at _____, from the causes and on the date stated above.	
23a. SIGNATURE <u>Edna Deyglan</u> (Degree or title) _____		23b. ADDRESS <u>Rich Hill Mo</u>	
23c. DATE SIGNED <u>June 21 1951</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>JUNE-24-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LIBERAL CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>LIBERAL, MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Booth Funeral New Rich Hill, Mo</u>	
DATE REC'D BY LOCAL REG. <u>June 21 1951</u>		REGISTRAR'S SIGNATURE <u>21</u>	

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

5070
3

RECEIVED 6-26-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 6-26-51

JUL 27 1951

SEP 25 1952

SEP 14 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, or by _____

working under my personal supervision.

Student Embalmer No.

Signed Robert G. Steinbeck

Signed.....

Student Embalmer

Licensed Embalmer No. 4657

P. O. Address Butler, 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.