

FILED NOV 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

36757

BIRTH NO. 25296-51 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 287

264

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

1. PLACE OF DEATH a. COUNTY <u>MOLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MOLE</u>	
b. CITY OR TOWN <u>JEFFERSON CITY</u>	c. LENGTH OF STAY (in this place) <u>9 HRS.</u>	c. CITY OR TOWN <u>JEFFERSON CITY</u> <u>1264</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WARR-F. WILLIAMS HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>522 MADISON</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>NOT NAMED</u> b. (Middle) <u>NOT NAMED</u> c. (Last) <u>Talient</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOVEMBER 15, 1951</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>Nov. 10, 1951</u>	9. AGE (in years) (Months) (Days) (Hours) (Min.) <u>9</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>OMRI PAUL TALENT</u>	13b. MOTHER'S MAIDEN NAME <u>BERNICE VIOLET BURK</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>OMRI TALENT, JEFF. CITY, MO</u> ADDRESS
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL FAILURE</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>DUE TO (b) & NO. PREMATURE INFANT</u>		
	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 <u>775X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Nov 15, 1951, to Nov 15, 1951, that I last saw the deceased alive on Nov 15, 1951, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ernest E. Lake, MD</u> (Degree or title)	23b. ADDRESS <u>Jefferson City, MO</u>	23c. DATE SIGNED <u>Nov 15-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov-16-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 16-1951</u>	REGISTRAR'S SIGNATURE <u>R. G. Davis MA-DR</u>	2. FUNERAL DIRECTOR'S SIGNATURE <u>Frank J. Tolson</u> ADDRESS <u>Jefferson City, Mo</u>
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RECEIVED NOV 19 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed NOV 19 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 *W.A.*

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Harold J. Gordon*

Licensed Embalmer No. 1786

P. O. Address *Jefferson City, 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.