

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

38504

State File No. ....

FILED DEC 3 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 444 Registrar's No. 31

0890  
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Ray</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Camden</u>		c. LENGTH OF STAY (in this place) <u>61 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Camden</u>		<u>0890</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Main St.</u>			d. STREET ADDRESS (If rural, give location) <u>Main St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALICE</u>		b. (Middle) <u>VIRGINIA</u>	c. (Last) <u>TALBOTT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>November 21, 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>January 11, 1870</u>	9. AGE (If years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>10</u>
IF UNDER 24 HRS. Hours <u>10</u> Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	11. BIRTHPLACE (State or foreign country) <u>Camden, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Willis Meredith</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Thomas</u>		14. NAME OF HUSBAND OR WIFE <u>Isaac Talbott</u>	
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 ADDRESS <u>Mrs. Milo Shores, Richmond, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Dilatation</u>  ANTECEDENT CAUSES <u>Chronic Myocarditis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>Fast</u>
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) _____		<u>4222</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	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 <u>July 15, 1921</u> to <u>Jan 21, 1951</u> that I last saw the deceased alive on <u>Nov 19 5/</u> and that death occurred at <u>1:00 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>E. E. Jay MD</u> (Degree or title)			23b. ADDRESS <u>Richmond</u>		23c. DATE SIGNED <u>11-24-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 23, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Craven Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Camden, Mo.</u>		
DATE REC'D BY LOCAL REG <u>Nov 26-51</u>	REGISTRAR'S SIGNATURE <u>Helen K. Larkin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thurman Funeral Home</u>	ADDRESS <u>Richmond, Mo.</u>	



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**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. L. Thurman

working under my personal supervision.

Student Embalmer No. ....

Signed Wm. L. Thurman

Signed.....  
Student Embalmer

Licensed Embalmer No. 4563

P. O. Address Richmond, 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.