

1952 DEC 18 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42625**  
Registrar's No. **2200**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2200

195  
1

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

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY OR TOWN <b>JOPLIN</b>		c. CITY OR TOWN <b>JOPLIN</b>	
c. LENGTH OF STAY (In this place) <b>40 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>2629 CENTRAL</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2629 CENTRAL</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>SARAH</b>	b. (Middle) <b>SADIE</b>	c. (Last) <b>TALBOTT</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>DEC 6 1952</b>
-------------------------------------	-------------------------	--------------------------	--------------------------	---

5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JULY 16, 1887</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
----------------------	-------------------------------	---	---------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>DOMESTIC</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>SWEDEBERG, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	---	--	--

13a. FATHER'S NAME <b>W.M. KISSINGER</b>	13b. MOTHER'S MAIDEN NAME <b>MARTHA JANE HANEY</b>	14. NAME OF HUSBAND OR WIFE <b>GEORGE TALBOTT</b>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>GEORGE TALBOTT</b>	ADDRESS <b>JOPLIN</b>
--	-------------------------------------	---	-----------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>				<b>6 Mo.</b>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
		DUE TO (b) <u>Arthritis and neuritis</u>		<b>2 yr</b>
		DUE TO (c) <u>Carcinoma of uterus and cervix</u>		<b>3 yr</b>
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 <b>171X</b>	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) (Min.)	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 June 18, 1952, to Dec. 6, 1952, that I last saw the deceased alive on Dec. 6, 1952, and that death occurred at 12:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Death or title) <b>Raymond M. McKittrick M.D.</b>	23b. ADDRESS <b>607. 3rd Ave. Bldg. Joplin Mo.</b>	23c. DATE SIGNED <b>12-8-52</b>
---	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>12/9/1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OSARK MEA. PARK</b>	24d. LOCATION (City, town, or county) (State) <b>JOPLIN Mo.</b>
---	----------------------------	---	---

DATE REC'D BY LOCAL REG. <b>12-9-52</b>	REGISTRAR'S SIGNATURE <b>W. J. James</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Herbert Glover</b>	ADDRESS <b>Joplin Mo.</b>
---	--	--	---------------------------

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12-15-52  
Jasper County Health Office

County File Number 52/12/977

Date Filed 12-15-52

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 .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed *Edmund J. Jung*

Licensed Embalmer No. 13566

P. O. Address *Jasper 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.