

FILED JUN 8 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18556

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 53

47
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Clay.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Memorial Hospital		d. STREET ADDRESS (If rural, give location) 6 Miles North Odessa	

3. NAME OF DECEASED a. (First) James b. (Middle) Thomas c. (Last) Talley.			4. DATE OF DEATH (Month) (Day) (Year) May 20 1953		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH NOV 7 1866	9. AGE (In years last birthday) 86	10. MONTHS 6	11. DAYS 13	12. CITIZEN OF WHAT COUNTRY? U.S.A
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Terre Haute Ind		12. CITIZEN OF WHAT COUNTRY? U.S.A	

13a. FATHER'S NAME Charles F. Talley	13b. MOTHER'S MAIDEN NAME Elizabeth Vance.	14. NAME OF HUSBAND OR WIFE Never Married.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Sue Talley Hoast	ADDRESS Sedalia Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Died shortly after a severe chill caused by dysentery		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) Dysentery		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Penalty + malnutrition		

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION No surgery	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) No injury	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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from March 1953, to May 20, 1953, that I last saw the deceased alive on May 20, 1953 and that death occurred at 11:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D.	23b. ADDRESS Odessa Mo	23c. DATE SIGNED 5-21-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-23-53	24c. NAME OF CEMETERY OR CREMATORY Greentown Cem.	24d. LOCATION (City, town, or county) Lafayette MO
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DATE REC'D BY LOCAL REG. 5-25-53	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS [Address]
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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, or by.....

.....
working under my personal supervision.

..... Student Embalmer No.....

Signed.....

Horace Phincoe

Signed.....
Student Embalmer

Licensed Embalmer No. 2758

P. O. Address Odessa 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.