

**STANDARD CERTIFICATE OF DEATH**

State File No. **5483**

BIRTH FILED **MAR 10 1954** REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **5760** Registrar's No. **97**

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Fabius Township</b>		d. STREET ADDRESS (If rural, give location) <b>Fabius Township</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>David</b>	b. (Middle) <b>Wesley</b>	c. (Last) <b>Tallman</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 5, 1954</b>
--	---------------------------	--------------------------	---

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 24, 1877</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
--------------------	-------------------------------	---	---------------------------------------	---	---------------------------	-------------------------	--------------------------	-------------------------

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

13a. FATHER'S NAME <b>John Tallman</b>	13b. MOTHER'S MAIDEN NAME <b>Martha Wickersham</b>	14. NAME OF HUSBAND OR WIFE <b>Tlla Mae Martin</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>Mrs David Tallman</b>	ADDRESS <b>Palmyra, Mo.</b>
--	-------------------------------------	--	-----------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Interstitial Nephritis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Supernatural Age</b> 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 <b>592X</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) 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 **Sept 1954** to **Mar 4, 1954** that I last saw the deceased alive on **Mar 4, 1954** and that death occurred at **4:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E. H. Stubbman</b> (Degree or title)	23b. ADDRESS <b>P.O. Box 7, Palmyra Mo</b>	23c. DATE SIGNED <b>3/8/54</b>
--	--	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3/8/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hester Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Hester, Mo.</b>
---	-------------------------	---	--

DATE REC'D BY LOCAL REG. <b>3/8/54</b>	REGISTRAR'S SIGNATURE <b>Dr. E. M. Lucha</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Deputy</b>	ADDRESS <b>Palmyra, Mo.</b>
--	--	--	-----------------------------

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

No. 300  
10.48

RECEIVED MAR 9 1954  
MARION CO. HEALTH DEPT.  
DATE FILED MAR 9 1954

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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed Leah B. Lewin

Licensed Embalmer No. 2382

P. O. Address Palmyra, 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.