

FILED DEC 20 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **41304**

BIRTH NO. _____		REG. DIST. NO. <u>187</u>		PRIMARY REG. DIST. NO. <u>3040</u>		Registrar's No. <u>16</u>	
1. PLACE OF DEATH a. COUNTY <u>Livingston</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Chillicothe</u>		c. LENGTH OF STAY (in this place) <u>1 hour</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Breckenridge</u>		d. STREET ADDRESS (If rural, give location) <u>Bl 20 / 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chillicothe Hospital</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lee</u> b. (Middle) <u>Alma</u> c. (Last) <u>Talley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 10, 1955</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 17, 1884</u>		9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>23</u>	IF UNDER 1 HR. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Darwin County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph Talley</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Stewart</u>		14. NAME OF HUSBAND OR WIFE <u>Mattie Talley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>1</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mattie Talley</u> ADDRESS <u>Breckenridge, 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>MYOCARDIAL INFARCTION</u>					INTERVAL BETWEEN ONSET AND DEATH <u>19 hrs</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u>					<u>7 years</u>	
	DUE TO (c) <u>unknown</u>						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</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) _____			
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 _____			
22. I hereby certify that I attended the deceased from <u>12-9</u> , 19 <u>55</u> , to <u>12-10</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12-10</u> , 19 <u>55</u> , and that death occurred at <u>3:35</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Brook H. Fleming</u> (Degree or title) _____				23b. ADDRESS <u>Breckenridge Mo</u>		23c. DATE SIGNED <u>Dec 12 '55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 12, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lock Springs</u>		24d. LOCATION (City, town, or county) (State) <u>Lock Springs, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>12-12-55</u>		REGISTRAR'S SIGNATURE <u>Frances Boyell</u>		FURNERAL DIRECTOR'S SIGNATURE <u>Wend Tamm Service</u>		ADDRESS <u>Breckenridge</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

**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

*Bernard F. Mead*

Licensed Embalmer No. *2801*

P. O. Address *Chapman, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.