

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

a w mouland
38557
State File No. _____

FILED DEC 13 1956

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4236 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY OR TOWN <u>Halden</u>		c. CITY OR TOWN <u>Halden</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3rd and Pine Sts</u>		e. STREET ADDRESS (If rural, give location) <u>3rd and Pine Sts</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LORENA</u> b. (Middle) <u>PAULENA</u> c. (Last) <u>TALLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 3 1956</u>		
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5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>CAUC</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY 21 1912</u>		9. AGE (In years last birthday) <u>44</u> Months <u>6</u> Days <u>12</u>	
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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>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Quick City, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
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13a. FATHER'S NAME <u>W. H. Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Flornel George</u>		14. NAME OF HUSBAND OR WIFE <u>Geo. Leslie Talley</u>	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Not known</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Geo. S. Talley</u> ADDRESS <u>Halden, Mo.</u>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>				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) <u>Metastatic Carcinoma</u>				
		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			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from July 1, 1956, to 12-3-56, 1956, that I last saw the deceased alive on 12-3-56, 1956, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>G. W. Mouland Do?</u>		23b. ADDRESS <u>Halden Mo</u>		23c. DATE SIGNED <u>12-8-56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 5 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Halden Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Halden Mo</u>	
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DATE REC'D BY LOCAL REG. <u>12-10-56</u>		REGISTRAR'S SIGNATURE <u>Mrs. H. V. Redford</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Emaden Hagg</u> ADDRESS <u>Halden, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

5

MAR 25 1957

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.....
Signature of Student Embalmer

Signed *M. J. Conroy*.....

Licensed Embalmer No. *3431*.....

P. O. Address *Helden*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.