

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36749**

FILED OCT 28 1957

BIRTH NO. _____ REG. DIST. NO. **245** PRIMARY REG. DIST. NO. **3047** Registrar's No. **133**

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) Neosho		c. CITY OR TOWN Neosho	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (if in hospital or institution) 15 yrs		e. STREET ADDRESS (If rural, give location) 414 N Wood Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sale Memorial Hosp			

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) Henry	c. (Last) Talley	4. DATE OF DEATH (Month) (Day) (Year) Oct 16 1957
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct 25 1882	9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months 11 DAY 21 IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life (even if retired)) Retired Mail Carrier	10b. KIND OF BUSINESS OR INDUSTRY Post Office	11. BIRTHPLACE (City and State or Foreign Country) Shelton Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Dora Hyder	14. NAME OF HUSBAND OR WIFE Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, state year or dates of service) None	16. SOCIAL SECURITY NO. 492-20-5385	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Don Tira Kansas City 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 2 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)
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 **Oct 11, 1957** to **Oct 16, 1957**, that I last saw the deceased alive on **10-16, 1957**, and that death occurred at **9:00P.M.** from the causes and on the date stated above.

23a. SIGNATURE Harold C. Lutz (Degree or title) D	23b. ADDRESS Neosho Mo.	23c. DATE SIGNED 10-17-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Oct 18, 1957	24c. NAME OF CEMETERY OR CREMATORY Rose Bank Cemetery	24d. LOCATION (City, town, or county) (State) Mulberry, Kansas
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DATE REC'D BY LOCAL REG. 10-21-57	REGISTRAR'S SIGNATURE Melvin C. Bowman, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clark Funeral Home Neosho, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

223

RECEIVED

District Health Officer No. Newton

District File Number 1057-245

Date Filed OCT 25 1957

OCT 20 1958

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 Fred L. Clark..... Student Embalmer No. 556 working under my personal supervision.

Student Fred L. Clark
Signature of Student Embalmer

Signed Marjelle Pickett

Licensed Embalmer No. 4166

P. O. Address 915 Kentland
Wesley, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.