

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-018967  
State File No. ....

FILED MAY 26 1958

BIRTH NO. REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 81

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

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Macon</u>		b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>Macon</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Macon</u>	
c. LENGTH OF STAY (in this place) <u>YRS.</u>		c. CITY OR TOWN <u>Macon</u>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		e. STREET ADDRESS (If rural, give location) <u>112 Broadway</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>112 Broadway</u>							
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Ralph</u>	b. (Middle) <u>Lee</u>	c. (Last) <u>Talbot</u>	(Month)	(Day)	(Year)		
(Type or Print)							
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 27, 1880</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1-YEAR Months	IF UNDER 24 HRS. Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) <u>Pony Breeder</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Macon, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>John Talbot</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Polson</u>		14. NAME OF HUSBAND OR WIFE <u>Serelda Talbot</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>499-03-8274</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Serelda Talbot</u>		ADDRESS <u>Macon, Mo.</u>	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary artery thrombosis</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				INTERVAL BETWEEN ONSET AND DEATH <u>72 hrs</u>			
ANTECEDENT CAUSES				DUE TO (b) <u>coronary artery disease</u>			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				<u>7 yrs</u>			
DUE TO (c) <u>diabetes mellitus</u>				<u>20 yrs</u>			
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? <u>0</u>		YES <input type="checkbox"/> NO <input 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>Aug.</u> , 19 <u>48</u> , to <u>May 7</u> , 19 <u>58</u> ; that I last saw the deceased alive on <u>May 7</u> , 19 <u>58</u> , and that death occurred at <u>12:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>G. L. Rusk</u>				23b. ADDRESS <u>Macon</u>		23c. DATE SIGNED <u>5-12-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)		
<u>Burial</u>		<u>May 9, 1958</u>	<u>Oakwood Cem.</u>		<u>Macon, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>5/12/58</u>		REGISTRAR'S SIGNATURE <u>Ruth M. Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lester Sutton</u>			
				ADDRESS <u>Macon, Mo.</u>			

MAY 26 1958

County File No. ....  
Date Filed... 5.28.58

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..... *Charles L. Hutton*

Licensed Embalmer No. *4577*

P. O. Address *Macon, Ga*

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.