Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-033335
STATE FILE NUMBER

FILED OCT 6 1958 Registration District No. 164 Primary Registration District No. 5601 Registrar's No. 118

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pleasant View Home — Length of stay in Ib 2 Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Johnson
c. CITY OR TOWN Holden — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Holden, Mo — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: HOMER Middle: C Last: TALLEY

4. DATE OF DEATH Month: Sept Day: 28 Year: 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Sept 1 1876
9. AGE (In years last birthday) 82 — IF UNDER 1 YEAR Months 0 Days 27 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Dairy Farm
11. BIRTHPLACE (City and state or country) Rose Hill Twp Pettis Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME L. L. Talley
13b. MOTHER'S MAIDEN NAME Sarah M Hill
14. NAME OF HUSBAND OR WIFE Mettie Talley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Clarence Talley Address Holden Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Medullary failure — INTERVAL BETWEEN ONSET AND DEATH minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Thrombotic Encephalomalacia — 3 months
DUE TO (c) Arteriosclerosis 332K — years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from December 21, 1956 to Sept. 27, 1958 and last saw her (him) alive on Sept. 27, 1958
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Thos P. Wescott (Degree or title) D.O. 2
22b. ADDRESS Holden, Missouri
22c. DATE SIGNED 9-29-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-30-58
23c. NAME OF CEMETERY OR CREMATORY Kingsville Cemetery
23d. LOCATION (City, town, or county) (State) Kingsville, Mo

24. FUNERAL DIRECTOR Canada & Rapp ADDRESS Holden Mo
25. DATE RECD. BY LOCAL REG. Oct. 1, 1958
26. REGISTRAR'S SIGNATURE Savannah Crutchfield

(Licensed Embalmer's Statement on Reverse Side)

Cause, condition, etc. must be only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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OCT 7 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 ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

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.