

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-020619

State File No. ....

FILED JUN 29 1959

BIRTH NO. _____		REG. DIST. NO. <b>53</b>	PRIMARY REG. DIST. NO. <b>3010</b>	Registrar's No. <b>222</b>
1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>Jackson</b>		
b. CITY OR TOWN <b>Cape Girardeau</b>	c. LENGTH OF STAY (If in place)	c. CITY (If outside corporate limits, write RURAL and give township) <b>Uva</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>South East Missouri Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>None</b> 8/20 5		
3. NAME OF DECEASED (Type or Print) a. (Last) <b>LAST</b> b. (Middle) <b>FIRST</b> c. (First) <b>Talkenbury, Nellis Eva</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 24, 1959</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 16, 1898</b>	9. AGE (If years last birthday) <b>61</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (State or foreign country) <b>Taylorville, Illinois</b>	12. CITIZENSHIP OF WHAT COUNTRY? <b>U. S. G.</b>
13a. FATHER'S NAME <b>George Tucker</b>		13b. MOTHER'S MAIDEN NAME <b>Alice Cooper</b>	14. NAME OF HUSBAND OR WIFE <b>Jess Talkenbury</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Jess Talkenbury</b> ADDRESS <b>Uva, Ill.</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ventricular Fibrillation</b>		INTERVAL BETWEEN ONSET AND DEATH <b>12 hours</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension + Arteriosclerotic Heart Disease</b>		<b>3 years</b>
		DUE TO (c) _____		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cholelithiasis</b>		
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <b>2</b> 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) <b>443x</b>		
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 <b>5/9, 1959</b> , to <b>6/24, 1959</b> , that I last saw the deceased alive on <b>6/24, 1959</b> , and that death occurred at <b>8:15 a.m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <b>Israel M. Hoxworth, M.D.</b>		23b. ADDRESS <b>24 N. Sprigg Cape Girardeau, Mo.</b>	23c. DATE SIGNED <b>6/24/59</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>6/29/59</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Glenn</b>	24d. LOCATION (City, town, or county) (State) <b>Uva, Illinois</b>	
DATE REC'D BY LOCAL REG. <b>6-25-59</b>	REGISTRAR'S SIGNATURE <b>Drene Kasten</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Bernard H. Wilson, Uva, Ill.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

**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

*No Embalming Done*

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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

~~Wilson Funeral Home~~  
~~Avon, Ill.~~