URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 26 1959

59–035048
STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 313

1. PLACE OF DEATH
a. COUNTY Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville
Length of stay in 1b: I day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hosp.
Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print) First: Soloman Middle: Glenn Last: Talbott
4. DATE OF DEATH Month: Sept. Day: 27, Year: 1959
5. SEX: male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-13-1889
9. AGE (last birthday): 70
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Scotland Co. Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John Talbott
13b. MOTHER'S MAIDEN NAME: Elizabeth McMunn
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW#I
16. SOCIAL SECURITY NO.
17. INFORMANT: Leona Talbott Address: Memphis, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Toxemia	2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Azotemia	unknown
DUE TO (c)	Metastatic Ca of prostate	unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Hypertension – Secondary anemia

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 Sept. 26, 1959, to Sept. 27, 1959 and last saw him alive on Sept. 27, 1959
Death occurred at 8:25 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Jack Anderson (Degree or title)
22b. ADDRESS Kirksville, Mo.
22c. DATE SIGNED 10-2-59

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE 9-29-1959
23c. NAME OF CEMETERY OR CREMATORY: Memphis
23d. LOCATION (City, town, or county) (State): Memphis Mo.

24. FUNERAL DIRECTOR ADDRESS: D. W. Payne & Sons Memphis Mo.
25. DATE RECD. BY LOCAL REG.: 10-22-1959
26. REGISTRAR'S SIGNATURE: Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

OCT 27 1955

JACK AUXTER, D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____; Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Noal L. Payne

Licensed Embalmer No. 2550

P. O. Address Memphis, T

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.