URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 22 1960

-60-030283
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 858

NDED

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Length of stay in 1b: 5 mos.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mercy Hospital — Inside Limits: Yes ☑ No ☐

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

3. NAME OF DECEASED (Type or print): First Albert Middle Louis Last TALLMAN
4. DATE OF DEATH: Month Aug. Day 10 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Nov. 7, 1878
9. AGE (last birthday): 81 — 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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): Piatt Co. Illinois
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Sheldon Tallman
13b. MOTHER'S MAIDEN NAME: Beasley
14. NAME OF ~~HUSBAND~~ OR WIFE: Lula
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: Harley Tallman, Rogersville Mo — Address

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) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) with complete A-V Block — 6 mos
DUE TO (c) Generalized Arteriosclerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Malnutrition
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ No
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ None
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 3-31-60, to 8-10-60 and last saw her/him alive on 8-10-60
Death occurred at 8:45 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. Barr, M.D. (Degree or title)
22b. ADDRESS 609 Cherry, Springfield Mo
22c. DATE SIGNED 8/11/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug. 13, 1960
23c. NAME OF CEMETERY OR ~~CREMATORY~~: Palmetto Cemetery
23d. LOCATION (City, town, or county) (State): Rogersville Rural, Missouri
24. FUNERAL DIRECTOR: W.C. Terrell, Rogersville, Mo. — ADDRESS
25. DATE RECD. BY LOCAL REG.: 8-16-60
26. REGISTRAR'S SIGNATURE: Effie E. Melton

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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_____ Signed Alan L. Ferrell

Signature of Student Embalmer

Licensed Embalmer No. 4847

P. O. Address Mansfield

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