

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016199

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 5280 Primary Registration District No. 257 Registrar's No. 20

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10760
2260

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9332X

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1286-2

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED APR 18 1962	
1. PLACE OF DEATH	
a. COUNTY OSAGE	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LINN, MO.	a. STATE MISSOURI COUNTY COLE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LINNMANOR REST HOME	c. CITY OR TOWN JEFFERSON CITY, MO. Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
	d. STREET ADDRESS R R # 3 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last	
CECELIA TALKEN	
4. DATE OF DEATH	Month Day Year
APRIL 13, 1962	
5. SEX	6. COLOR OR RACE
Female	White
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
	May 7, 1881
9. AGE (last birthday)	IF UNDER 1 YEAR IF UNDER 24 HR
80	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY
Housewife	
11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
Wardsville, Mo.	USA
13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME
Joseph Heislen	Unknown
14. NAME OF HUSBAND OR WIFE	
August Talken	
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.
no	NO
17. INFORMANT	Address
August Talken R # 3 Jefferson city	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
Medullary Failure	
Cerebral Thrombosis	
Arteriosclerosis, Cerebral	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
PART III. If deceased was female was there a pregnancy in last 90 days.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 <u>3-15-62</u> to <u>4-13-62</u> and last saw her alive on <u>4-12-62</u>	
Death occurred at <u>11:45 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title)	22b. ADDRESS
<i>Thomas W. Balder D.O.</i>	<i>Linn</i>
22c. DATE SIGNED	
<i>4-16-62</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE
Burial	4/16/62
23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
St. Francis Xavier	Taos, Mo.
24. FUNERAL DIRECTOR ADDRESS	25. DATE RECD. BY LOCAL REG.
<i>Sybil... J C Mo.</i>	4-16-62
26. REGISTRAR'S SIGNATURE	
<i>Mrs. Clyde Marton</i>	

USE BLACK INK OR TYPEWRITER RIBBON.

SEP 18 1962

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 *Lybster Dulle*

Licensed Embalmer No. 4381
P. O. Address *Jeffersonville, Ind.*

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.

Handwritten signature