

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6975

FILED FEB 25 1952

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 25

1003
103-52

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

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott	
b. CITY OR TOWN Sikeston		c. CITY OR TOWN Sikeston 1003	
c. LENGTH OF STAY (in this place) 8 yrs		d. STREET ADDRESS (If rural, give location) 223 W Gladys	
d. FULL NAME OF HOSPITAL OR INSTITUTION 223 W. GLADYS			

3. NAME OF DECEASED (Type or Print) ROBERT	a. (First) ROBERT	b. (Middle) MACEY	c. (Last) TALBERT	4. DATE OF DEATH (Month) (Day) (Year) 1 31 52
---	--------------------------	--------------------------	--------------------------	--

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Sept-23-1880	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
--------------------	-------------------------------	---	--------------------------------------	---	------------------------	----------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINISTER	10b. KIND OF BUSINESS OR INDUSTRY CHRISTIAN. JUV.	11. BIRTHPLACE (State or foreign country) MOOREVILLE KY	12. CITIZEN OF WHAT COUNTRY? USA
---	--	--	---

13a. FATHER'S NAME WILLIAM F. TALBERT	13b. MOTHER'S MAIDEN NAME STATAIRRA ADAMS	14. NAME OF HUSBAND OR WIFE Edith
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO.	16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME Mrs. R. M. Talbert	ADDRESS Sikeston Mo
--	----------------------------------	---	----------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephritis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Heart Trouble			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	20. AUTOPSY? 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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **Jan 31, to Jan 31**, 19**52**, that I last saw the deceased alive on **Jan 31**, 19**52**, and that death occurred at **4 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE B. L. Mommellin	(Degree or title) D.O.	23b. ADDRESS 227 W Gladys St Sikeston Mo	23c. DATE SIGNED 2-1-1952
---------------------------------------	-------------------------------	---	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-2-1952	24c. NAME OF CEMETERY OR CREMATORY Masonic	24d. LOCATION (City, town, or county) (State) Farmington Mo
--	---------------------------	---	--

DATE REC'D BY LOCAL REG. 2-8-52	REGISTRAR'S SIGNATURE Mrs. Ella Hunter	429-1	25. FUNERAL DIRECTOR'S SIGNATURE Welsh Funeral Home - Sikeston Mo	ADDRESS
--	---	-------	--	---------

JAN 7 1954

FEB 8 1954

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Raymond Crews

Signed.....

Student Embalmer

Licensed Embalmer No. 3467

P. O. Address. Sikeston Mo

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