

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26012**

FILED AUG 18 1950

**BIRTH NO.** \_\_\_\_\_ **REG. DIST. NO.** 32 **PRIMARY REG. DIST. NO.** 5109 **Registrar's No.** 61

**1. PLACE OF DEATH**  
a. COUNTY Bollinger  
b. CITY OR TOWN Marquand  
c. LENGTH OF STAY (in this place) \_\_\_\_\_  
d. FULL NAME OF HOSPITAL OR INSTITUTION Crooked Creek Hosp.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Bollinger  
c. CITY OR TOWN Rural - Marquand  
d. STREET ADDRESS 8 mi. South of Marquand

**3. NAME OF DECEASED**  
a. (First) William b. (Middle) Murphy c. (Last) Talbent  
4. DATE OF DEATH (Month) (Day) (Year) 8 2 50

**5. SEX** M **6. COLOR OR RACE** W **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) M **8. DATE OF BIRTH** April 26 - 1889 **9. AGE** (In years last birthday) 61 IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 4 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Farmer **10b. KIND OF BUSINESS OR INDUSTRY** Farming **11. BIRTHPLACE** (State or foreign country) Callent, Missouri **12. CITIZEN OF WHAT COUNTRY** U.S.A.

**13a. FATHER'S NAME** Jose Callent **13b. MOTHER'S MAIDEN NAME** Ruth Bell **14. NAME OF HUSBAND OR WIFE** Mr. William Callent

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) No **16. SOCIAL SECURITY NO.** \_\_\_\_\_ **17. INFORMANT'S SIGNATURE OR NAME** Mr. William Callent **ADDRESS** Marquand

**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.

**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) Shock + hemorrhage  
**ANTECEDENT CAUSES**  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Sawmill accident  
DUE TO (c) severed right leg at hip

**II. OTHER SIGNIFICANT CONDITIONS.**  
Conditions contributing to the death but not related to the disease or condition causing death.  
left leg at knee

**19a. DATE OF OPERATION** \_\_\_\_\_ **19b. MAJOR FINDINGS OF OPERATION** \_\_\_\_\_ **20. AUTOPSY?** YES  NO

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify) accident **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) 8 7 50 m. **21e. INJURY OCCURRED WHILE AT WORK**  **NOT WHILE AT WORK**  **21f. HOW DID INJURY OCCUR?** 009

**22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.**

**23a. SIGNATURE** (Degree or title) John J. Myers Coroner **23b. ADDRESS** Sutersville Mo. **23c. DATE SIGNED** 8/9/50

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial **24b. DATE** 8/13/1950 **24c. NAME OF CEMETERY OR CREMATORY** Liberty Common **24d. LOCATION** (City, town, or county) (State) Bollinger Co. Mo.

**DATE REC'D BY LOCAL REG.** Aug. 12 1950 **REGISTRAR'S SIGNATURE** Willie Van Amburgh **25. FUNERAL DIRECTOR'S SIGNATURE** Herman Marquand **ADDRESS** \_\_\_\_\_

0090  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

U. M. O.

RECEIVED AUG 18 1950  
District Health Office No. 6,  
District File Number \_\_\_\_\_  
Date Filed \_\_\_\_\_

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

Signed *Lyman Sprinkle*

Licensed Embalmer No. *4013*

P. O. Address *Fredricktown 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.