

RECD OCT 18 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

31550
Do not use this space.

1. PLACE OF DEATH

(a) County Adair Registration District No. 4
(b) Township _____ Primary Registration District No. 3001 Registered No. 181
(c) City Kirksville (d) Street No. Erin Smith Hospital St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 9 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Easter Isabelle Tingley 5:4

(a) Residence, No. _____ St. Unionville, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Thomas Tingley

22. I HEREBY CERTIFY, That I attended deceased from Oct 7 1938 to Oct 10 1938
I last saw her alive on Oct 10 1938. Death is said to have occurred on the date stated above, at 8 p m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 1885

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 10 15

Valvular heart disease (chronic endocarditis) Date of onset 1936

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) July 1938 11. Total time (years) spent in this occupation 1 1/2

Other contributory causes of importance: 92a

Name of operation none Date of _____
What test confirmed diagnosis? suicid Was there an autopsy? no

12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Burton Co Mo.

FATHER 13. NAME Charles William Costell

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Dart, Mo.

MOTHER 15. MAIDEN NAME Ida Victoria Dickson

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Burton Co Mo.

17. INFORMANT Julia Costell Barnett (ADDRESS) Mendota Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Unionville Mo DATE Oct 10 1938

19. FUNERAL DIRECTOR (NAME) Constock Merc Co (ADDRESS) Unionville Mo

20. FILED Oct 10 1938 Spencer Freeman Local Registrar.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____ (Signed) Spencer Freeman M. D. (Address) Unionville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. ABOVE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAREFULLY. ABOVE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAREFULLY. ABOVE SHOULD BE STATED EXACTLY.

RECEIVED

District Health Officer No. 10

District File Number 10-38-225

Date Filed 10-11-38

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 _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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, above space should be left blank.