

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41894**

FILED JAN 15 1945

Primary Registration District No. **3054**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Louisiana

(c) Name of hospital or institution: Pike Co Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks
(Specify whether in this community all her life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike

(c) City or town Louisiana
(If outside city or town limits, write "RURAL")

(d) Street No. 907 N Carolina
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS ANNIE D TINSLEY

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Walter Tinsley 6. (c) Age of husband or wife if alive about 1864 years

7. Birth date of deceased: (Month) _____ (Day) _____ (Year) _____

8. AGE:

Years	Months	Days	If less than one day
<u>about 80</u>			hr. _____ min. _____

9. Birthplace Pike Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

MOTHER FATHER

12. Name Charles Daugherty

13. Birthplace Pike Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Lucie Bryson

15. Birthplace Pike Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Elizabeth Allen

(b) Address Louisiana Mo

17. (a) Street (b) Date thereof 12/29/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverside Cemetery

18. (a) Signature of funeral director J. H. Allen

(b) Address Louisiana Mo

19. (a) 12-21-44 (b) J. H. Allen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20
year 1944 hour 12 minute 00 Noon

21. I hereby certify that I attended the deceased from 12-7 1944 to 12-20 1944
that I last saw her alive on 12-20 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Thyroiditis

Due to Intestinal obstruction

Due to Adhesion from perforated appendix

Other conditions: _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Adhesions

Of operations _____

Of autopsy None

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence None

(c) Where did injury occur? None
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

While at work _____ (Specify type of place) (e) Means of injury None

23. Signature J. H. Allen (M. D. or other)
Address Louisiana Mo Date signed 12/21/44

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

RECEIVED

District Health Officer No. 10

District File Number 1-45-182

Date Filed JAN 12 1945

APR 25 1945

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.....

George O. Wagner

..... Registered Apprentice No.....

working under my personal supervision.

Signed *George O. Wagner*.....

Licensed Embalmer No. *3173*

P. O. Address *Louisiana, 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.