

THE DIVISION OF HEALTH OF MISSOURI  
FILED APR 23 1949 STANDARD CERTIFICATE OF DEATH

11869

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>DeKalb</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cameron</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maysville Mo RURAL</u>	
c. LENGTH OF STAY (in this place) <u>7 Days</u>		d. STREET ADDRESS (If rural, give location) <u>3 Miles East</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Cameron Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Rosa</u>	b. (Middle) <u>Adella</u>	c. (Last) <u>Tinaley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 2 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov 18, 1876</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>14</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Horse</u>	11. BIRTHPLACE (State or foreign country) <u>Ill</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Joe Brown</u>	13b. MOTHER'S MAIDEN NAME <u>Zarilda Zimmerman</u>	14. NAME OF HUSBAND OR WIFE <u>D.C. Tinaley</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Geo Staples Maysville Mo</u>	ADDRESS _____
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of liver</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>15.5X</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 3-27, 1949, to 4-2, 1949, that I last saw the deceased alive on 4-2, 1949, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr James M P</u>	23b. ADDRESS <u>Cameron Mo</u>	23c. DATE SIGNED <u>4-11-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>4-4-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Amity</u>	24d. LOCATION (City, town, or county) (State) <u>Amity Mo</u>
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DATE RECD BY LOCAL REG <u>4-16-49</u>	REGISTRAR'S SIGNATURE <u>Winifred W. Mosera</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John Brown Maysville Mo</u>	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 13 1950

JUN 9 1949

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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

*John Brown*  
Licensed Embalmer No. 3933

P. O. Address *Marshall, 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.