

FILED OCT 18 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

32910

BIRTH NO. _____		REG. DIST. NO. <u>8</u>		PRIMARY REG. DIST. NO. <u>4021</u>		Registrar's No. <u>10</u>			
1. PLACE OF DEATH a. COUNTY <u>Andrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ladsonia</u>		c. LENGTH OF STAY (in this place) <u>5 wks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bowling Green</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>				d. STREET ADDRESS (If rural, give location): <u>1</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jane</u>			b. (Middle) <u>Myers</u>		c. (Last) <u>Tinsley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 5 1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov-23-1874</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Days Hours Min. <u>74</u>   <u>11</u>   <u>18</u>	
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		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>0</u>	
13a. FATHER'S NAME <u>Ovid A Myers</u>			13b. MOTHER'S MAIDEN NAME <u>Micah Shaw</u>			14. NAME OF HUSBAND OR WIFE <u>William H. Tinsley</u>			
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. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Beulah McMillan</u> ADDRESS <u>Bowling Green, Mo.</u>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>INANITION</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senile Dementia</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>7 months</u>  <u>1 year</u>  <u>794X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) m.		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 <u>Sept 30, 1948</u> , to <u>Oct 5, 1949</u> , that I last saw the deceased alive on <u>Oct 4, 1949</u> , and that death occurred at <u>6 a. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>W K McLeall M.D.</u>				23b. ADDRESS <u>Ladsonia Mo</u>			23c. DATE SIGNED <u>Oct 6-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Oct 7, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bowling Green Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Bowling Green Missouri</u>			
DATE REC'D BY LOCAL REG. <u>10-6-49</u>		REGISTRAR'S SIGNATURE <u>Mattie Tompkins</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Grace Banford</u>		ADDRESS <u>Bowling Green</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 1 1949

RECEIVED OCT 15 1949  
District Health Officer No. 10  
District File Number 10-49-1284  
Date Filed OCT 15 1949

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.

Signed Harold C. Kink

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4597

P. O. Address Bowling Green, 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.