

FILED SEP 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29604

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 5143		Registrar's No. 336	
1. PLACE OF DEATH a. COUNTY BUTLER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY BUTLER			
b. CITY (If outside corporate limits, write RURAL and give town) RURAL-POPLAR BLUFF		c. LENGTH OF STAY (in this place) 4 1/2 MO		c. CITY (If outside corporate limits, write RURAL and give township) RURAL - TOWNSHIP POPLAR BLUFF		0120	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) 7 1/2 MI S POPLAR BLUFF MO			
3. NAME OF DECEASED a. (First) SHARON			b. (Middle) DELANE		c. (Last) TINSLEY		4. DATE OF DEATH (Month) (Day) (Year) AUG 29-1950
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH DEC 3-1948		9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) POPLAR BLUFF MO		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME EARL TINSLEY			13b. MOTHER'S MAIDEN NAME RUBY COX		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS RUBY TINSLEY R.S. POPLAR BLUFF MO				
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.				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 3 1/2
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of skull				II. OTHER SIGNIFICANT CONDITIONS			Falling under wheel of an automobile that was being pushed by hand
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Falling under wheel of an automobile that was being pushed by hand				DUE TO (c) _____			3 1/2
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) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) R 12 Butler MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 29 1950 1:30 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell under wheel of an automobile			
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 Thora Wheeler				23b. ADDRESS (Degree or title) Coronr Poplar Bluff MO		23c. DATE SIGNED 8/30-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUG	24c. NAME OF CEMETERY OR CREMATORY COCHRAN CEM		24d. LOCATION (City, town, or county) (State) 10 MI S.W. POPLAR BLUFF MO		
DATE REC'D BY LOCAL REG. Sept 5-1950		REGISTRAR'S SIGNATURE Wm. H. Johnson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M.D. Phelps Poplar Bluff MO			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

120

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RECEIVED

SEP 14 1950

BUTLER CO. HEALTH CENTER

FILE No. 950-367

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 *V. G. P. Kelly*

Licensed Embalmer No. 3231

P. O. Address Peplan, Bleefer

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.