

FILED MAY 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15938

State File No.

BIRTH NO. 124 REG. DIST. NO. 675 PRIMARY REG. DIST. NO. 5263 Registrar's No.

0220

1. PLACE OF DEATH a. COUNTY Christian Co		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Christian Co	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Linden		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Linden <u>0220</u>	
c. LENGTH OF STAY (in this place) 6MO.		d. STREET ADDRESS (If rural, give location) Ozark, R. R. <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ozark, R. R.			

3. NAME OF DECEASED (Type or Print) a. (First) Jesse b. (Middle) Lee c. (Last) Tindle			4. DATE OF DEATH (Month) (Day) (Year) May 6. 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 16, 1882	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mo	
12. CITIZEN OF WHAT COUNTRY? U A					

13a. FATHER'S NAME John Tindle	13b. MOTHER'S MAIDEN NAME Mary D Bacon	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs Angie Garrison, Ozark, Mo	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 days yes 9.9030 5 mo
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemiplegia, left face, arm, leg.		
	ANTECEDENT CAUSES & Pulmonary embolism Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) metastatic Carcinoma Prostate DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Fracture, Pathological, shaft left femur, metastatic Carcinoma prostate Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 12/24/50	19b. MAJOR FINDINGS OF OPERATION Closed Reduction, fracture left Femur	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE accident (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm	21c. CITY, TOWN, OR TOWNSHIP Linden (COUNTY) Christian (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12 24 50 7am	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? fall while fetching fire wood.

22. I hereby certify that I attended the deceased from Dec. 24, 1950, to May 5, 1951, that I last saw the deceased alive on May 5, 1951, and that death occurred at 2:00 A m., from the causes and on the date stated above.

23a. SIGNATURE James D. Horton M.D. (Degree or title)	23b. ADDRESS 309 Cherry Springfield Mo.	23c. DATE SIGNED 5/8/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 7, 1951	24c. NAME OF CEMETERY OR CREMATORY Selmore
24d. LOCATION (City, town, or county) Christian Co		(State) Mo

DATE REC'D BY LOCAL REG. 5-21-51	REGISTRAR'S SIGNATURE Loyetta Lyondt	25. FUNERAL DIRECTOR'S SIGNATURE T. B. Chaffin	ADDRESS Ozark Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAY 22 1954

Dist. File 5-51-9181

Date Filed 5-23-54

NOV 8 1954

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.