

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **33030**

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

FILED OCT 31 1951

BIRTH NO. _____		REG. DIST. NO. <u>82</u>	PRIMARY REG. DIST. NO. <u>3017</u>	Registrar's No. <u>127</u>
1. PLACE OF DEATH a. COUNTY <u>COOPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before of admission). a. STATE <u>MO</u> b. COUNTY <u>COOPER</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BOONVILLE</u>		c. LENGTH OF STAY (in this place) <u>1 HR</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BOONVILLE 0272</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH-HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>414-PINE 0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANTHONY</u> b. (Middle) _____ c. (Last) <u>TINDALL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 20 51</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DEC 12-1991</u>	9. AGE (In years last birthday) <u>70 69</u> If UNDER 1 YEAR: Months Days If UNDER 10 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER.</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>MO U</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>				
13a. FATHER'S NAME <u>FRANK-TINDALL</u>		13b. MOTHER'S MAIDEN NAME <u>LAURA-GOLMAN</u>		14. NAME OF HUSBAND OR WIFE <u>MARY-TINDALL</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>MARY-TINDALL</u> ADDRESS <u>BOONVILLE 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes Mellitus and Diabetic Coma</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>Hypertension - arteriosclerosis Cardiovascular Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>+ 5 years</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) <u>260X</u>
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 _____
22. I hereby certify that I attended the deceased from <u>10-20</u> , 19 <u>51</u> , to <u>10-20</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10-20</u> , 19 <u>51</u> , and that death occurred at <u>10:30</u> a. m., from the causes and on the date stated above.				
23a. SIGNATURE <u>B.M. Stuart M.D.</u> (Degree or title)		23b. ADDRESS <u>Boonville, Mo.</u>		23c. DATE SIGNED <u>11-22-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT. 23, 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CLARKSFORK</u>
				24d. LOCATION (City, town, or county) (State) <u>COOPER CO MO</u>
DATE REC'D BY LOCAL REG. <u>10-22-51</u>		REGISTRAR'S SIGNATURE <u>D. Hooper</u> <u>381</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stuart D. Porter (Columbia)</u> ADDRESS _____

RECEIVED OCT 30 1951

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed OCT 30 1951 -----

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~~ -----

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

Stuart P. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia Md

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.