

FILED NOV 24 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

36527

State File No. 1

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5137 Registrar's No. 489

0120
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Williamsville, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Williamsville</u> <u>0120</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Route #1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Black River Twp.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>Cass</u>	c. (Last) <u>Tinker</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 4, 1951</u>
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5. SEX <u>0</u> Male	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 16, 1892</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months <u>18</u>	IF UNDER 4 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>New Port, Tenn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>William Tinker</u>	13b. MOTHER'S MAIDEN NAME <u>Mattie Inman</u>	14. NAME OF HUSBAND OR WIFE <u>Millie M. Hedspeth</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Chester Tinker, Williamsville, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Leucemia of stomach</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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>None was not noted 151X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 July 1, 1951, to Nov 4, 1951, that I last saw the deceased alive on Oct 30, 1951, and that death occurred at 9:10 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>Poplar Bluff Mo</u>	23c. DATE SIGNED <u>11-8-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-6-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Miller Creek Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Williamsville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 15-1951</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>428</u>	25. FUNERAL DIRECTOR'S SIGNATURE' <u>Frank-Cotrell</u>	ADDRESS <u>Poplar Bluff, Mo.</u>
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RECEIVED

NOV 21 1951

BUTLER CO. HEALTH CENTER

FILE No. 1151-517

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.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Wallace R. Knight

Licensed Embalmer No. 4574

P. O. Address 412 Vine St. Piquette

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.