

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40316**

Registrar's No. **3839**

No. 300  
10-48

Reg. # **1198276** 8-1951

BIRTH NO.		REG. DIST. NO. <b>317</b>	PRIMARY REG. DIST. NO. <b>6276</b>	Registrar's No. <b>3839</b>	
1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>DUNKLIN</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>TOWN JEFFERSON BARRACKS, MO.</b>		c. LENGTH OF STAY (in this place) <b>4 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR <b>TOWN KENNETT</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>		d. STREET ADDRESS (If rural, give location) <b>221 NORTH MAIN STREET</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>CLAUDE</b> b. (Middle) <b>E.</b> c. (Last) <b>TINNIN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>11-27-51</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>9-13-14</b>	9. AGE (In years last birthday) <b>37</b> If UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>EMPL. SECURITY DEPUTY</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>HORNERSVILLE, MISSOURI</b>	
13a. FATHER'S NAME <b>EDWARD TINNIN</b>		13b. MOTHER'S MAIDEN NAME <b>WILLIE SHELTON</b>		14. NAME OF HUSBAND, OR WIFE <b>MILDRED TINNIN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WWII</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VA HOSPITAL RECORDS, JEFF. BKS, MO.</b>	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>MYOCARDIAL INFARCTION</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>ARTERIOSCLEROTIC HEART DISEASE</b> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <b>old</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <b>4200</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>VA</b>		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 <b>11-23</b> , 19 <b>51</b> , to <b>11-27</b> , 19 <b>51</b> , that I last saw the deceased <del>on</del> <b>11-27-51</b> , and that death occurred at <b>11:15AM</b> , from the causes and on the date stated above.					
23a. SIGNATURE <i>E.C. O'Brien</i>		(Degree or title) <b>E.C. O'BRIEN, M. D.</b>		23b. ADDRESS <b>VA HOSPITAL, JEFF. BKS, MO.</b>	
23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>Nov 28, 1951</b>	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>KENNETT, MISSOURI</b>			
DATE REC'D BY LOCAL REG. <b>11-28-51</b>		REGISTRAR'S SIGNATURE <i>Herbert K. Dombke MD</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. HOFFMEISTER U&amp;L COMPANY, 7811 S. Bdry.</b>	

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

APR 25 1952

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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 *Harry J. Schumacher*.....

Licensed Embalmer No. *2679*.....

P. O. Address *7814 S. Broadway*.....

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.