

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **8712**FILED MAR 23 1953
BIRTH NO. _____ REG. DIST. NO. **11** PRIMARY REG. DIST. NO. **5039** Registrar's No. **23**

1. PLACE OF DEATH a. COUNTY Barry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Butterfield)		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Exeter		0050			
d. FULL NAME OF HOSPITAL OR INSTITUTION Sargent Rest Home				d. STREET ADDRESS (If rural, give location) 0					
3. NAME OF DECEASED (Type or Print) Ray			a. (First) Ray b. (Middle) Tindell c. (Last) Tindell			4. DATE OF DEATH (Month) (Day) (Year) 3-15-1953			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 3-30-1880			
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months Days Hours		IF UNDER 1000 Miles					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming			10b. KIND OF BUSINESS OR INDUSTRY farm			11. BIRTHPLACE (City and State or Foreign Country) 9			
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME James Tindell		13b. MOTHER'S MAIDEN NAME Senah		14. NAME OF HUSBAND OR WIFE Alma Tindell		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mrs. Thomas Munson-Selman, Okla.			ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis w/ decompensation DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rigid hemiplegia. Semility				INTERVAL BETWEEN ONSET AND DEATH 3 days 1 1/2 mos.	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION 4222			20. AUTOPSY? YES <input 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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			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 Jan 25, 1953 , to March 15, 1953 , that I last saw the deceased alive on March 11, 1953 , and that death occurred at 2:30 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Arthur A. Mical, M.D.				23b. ADDRESS Cassville, Mo.		23c. DATE SIGNED 3-17-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-19-1953		24c. NAME OF CEMETERY OR CREMATORY Cameron Cemetery		24d. LOCATION (City, town, or county) (State) Cameron, Missouri			
DATE REC'D BY LOCAL REG. 3-18-1953		REGISTRAR'S SIGNATURE Grace Williams			25. FUNERAL DIRECTOR'S SIGNATURE Paul D. Herbst		ADDRESS Cassville		

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Paul D. Herbert*

Licensed Embalmer No. *4576*

P. O. Address *Cassville, 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.