

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 14 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 279

0582  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u> 0582	
c. LENGTH OF STAY (in this place) <u>15 yrs</u>		d. STREET ADDRESS (If rural, give location) <u># 21 N. Clark</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>H. 21 N. Clark</u>		d. STREET ADDRESS (If rural, give location) <u># 21 N. Clark</u>	
3. NAME OF DECEASED a. (First) <u>MARY</u> b. (Middle) <u>CATHERINE</u> c. (Last) <u>TINSLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April - 2 - 1953</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Apr - 21 - 1879</u>
9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>11</u>	IF UNDER 1 MIN. Hours <u>1</u> Min. <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Linn Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>Dawn Runyon</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Smith</u>	14. NAME OF HUSBAND OR WIFE <u>Earl Tinsley</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. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Earl Tinsley Brookfield 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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis with hypertension</u>			
DUE TO (c) <u>chronic nephritis</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>multifocal arteriosclerosis</u>			<u>6 yrs.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>592x</u>	
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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</u> 18 <u>40</u> to <u>4-2</u> 19 <u>53</u> , that I last saw the deceased alive on <u>4/1</u> 19 <u>53</u> and that death occurred at <u>7:20</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W.B. Simpson</u> (Degree or title) <u>DO</u>		23b. ADDRESS <u>Brookfield Mo</u>	23c. DATE SIGNED <u>4/9/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr - 4 - 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Benhart Linn</u>	24d. LOCATION (City, town, or county) (State) <u>Linn Mo</u>
DATE REC'D BY LOCAL REG. <u>4-4-53</u>	REGISTRAR'S SIGNATURE <u>Madine Stambach</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. Blacklock</u> ADDRESS <u>Brookfield Mo</u>	

**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

*J. K. Blacklock*

Licensed Embalmer No. *2246*

P. O. Address *Brookfield 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.