No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12983

FILED MAR 23 1953

BIRTH NO. REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4497 Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY SHELBY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) CLARENCE MO
c. LENGTH OF STAY (In this place) 12 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) CLARENCE MO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO
b. COUNTY SHELBY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) CLARENCE MO 1020
d. STREET ADDRESS (If rural, give location) CLARENCE MO 0

3. NAME OF DECEASED (Type or Print) a. (First) CYRUS b. (Middle) W c. (Last) TUMBLESON

4. DATE OF DEATH (Month) MARCH (Day) 17 (Year) 1953

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH AUG 29, 1869
9. AGE (In years last birthday) 83 — If under 1 year: Months, Days — If under 1 hr.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER
10b. KIND OF BUSINESS OR INDUSTRY FARMING
11. BIRTHPLACE (State or foreign country) ILLINOIS
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME SILAS TUMBLESON
13b. MOTHER'S MAIDEN NAME REBECCA STAAM
14. NAME OF HUSBAND OR WIFE ALICE TUMBLESON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. No.
17. INFORMANT'S SIGNATURE OR NAME MRS CLAUDE OYLEAR ADDRESS CLARENCE MO

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Small Intestine Obstruction — INTERVAL BETWEEN ONSET AND DEATH 48 hrs

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.* Arteriosclerotic heart disease

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 5705
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 15, 1953, *to* Mar 17, 1953, *that I last saw the deceased alive on* Mar. 17, 1953 *and that death occurred at* 4:20 p m., *from the causes and on the date stated above.*

23a. SIGNATURE James E Campbell (Degree or title) MD
23b. ADDRESS Macon Mo
23c. DATE SIGNED 3-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 3-14-53
24c. NAME OF CEMETERY OR CREMATORY Maplewood
24d. LOCATION (City, town, or county) CLARENCE (State) MO

DATE REC'D BY LOCAL REG. 3-20-53
REGISTRAR'S SIGNATURE Ada Garrison
25. FUNERAL DIRECTOR'S SIGNATURE Chas V. Young ADDRESS Clarence Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Charles V. Greaves

Signed.....
Student Embalmer

Licensed Embalmer No. 4625

P. O. Address Clarence 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.