

**STANDARD CERTIFICATE OF DEATH**

State File No. **21335**  
**574**

**FILED JUN 22 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. \_\_\_\_\_

|  |                                      |  |  |
|--|--------------------------------------|--|--|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <b>Green</b><br>b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b><br>c. LENGTH OF STAY (in this place) <b>2 1/2 Yrs.</b><br>d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Mercy Infirmary Hospital</b> |                                      | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo.</b> b. COUNTY <b>Green</b><br>c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield, Rural</b> <b>0390</b><br>d. STREET ADDRESS (If rural, give location) <b>Springfield Rural Route #10/</b> |  |
| <b>3. NAME OF DECEASED</b><br>(Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>Edward</b> c. (Last) <b>Tindle</b>  |                                      | <b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>June 15, 1953</b>  |  |
| <b>5. SEX</b> <b>Male</b>  | <b>6. COLOR OR RACE</b> <b>White</b> | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>   | <b>8. DATE OF BIRTH</b> <b>May 2, 1874</b> |
| <b>9. AGE</b> (In years) <b>79</b> (If under 1 year: Months) (If under 24 hrs.: Hours) (Min.)  |                                      | <b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Kentucky</b>  |  |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farmer</b>   |                                      | <b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>  |  |

**13a. FATHER'S NAME** **John Tindle** **13b. MOTHER'S MAIDEN NAME** **Unknown** **14. NAME OF HUSBAND OR WIFE** **Sarah Tindle**

**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.** **Unknown** **17. INFORMANT'S SIGNATURE OR NAME** **Mrs. C. M. Humble, Rt 10, Springfield** **ADDRESS**

|   |  |  |  |
|---|--|--|--|
| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | <b>MEDICAL CERTIFICATION</b><br><b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Anterio-sclerosis - generalised</b><br><b>ANTECEDENT CAUSES</b><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) <b>Amputation left leg - gangrene</b> |  | <b>INTERVAL BETWEEN ONSET AND DEATH</b><br>_____ |
| <b>II. OTHER SIGNIFICANT CONDITIONS</b><br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |  |  |

**19a. DATE OF OPERATION** **5-28-53** **19b. MAJOR FINDINGS OF OPERATION** **Anterio-sclerosis - major vessel left thigh** **4500** **20. AUTOPSY?** YES  NO

|  |  |  |
|--|--|--|
| <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)        | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)                          | <b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> |
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) | <b>21e. INJURY OCCURRED WHILE AT WORK</b> <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | <b>21f. HOW DID INJURY OCCUR?</b>                      |

**22. I hereby certify that I attended the deceased from Nov 1952, to June 15, 1953, that I last saw the deceased alive on 6-14, 1953, and that death occurred at 4:20 p.m., from the causes and on the date stated above.**

**23a. SIGNATURE** (Degree or title) **J. W. D.** **23b. ADDRESS** **Springfield, Mo** **23c. DATE SIGNED** **6-17-53**

**24a. BURIAL, CREMATION REMOVAL** (Specify) **Burial** **24b. DATE** **June 18, 1953** **24c. NAME OF CEMETERY OR CREMATORY** **McCoy Cemetery** **24d. LOCATION** (City, town, or county) (State) **Christian, Missouri**

**DATE REC'D BY LOCAL REG.** **6-17-53** **REGISTRAR'S SIGNATURE** **Edith Williamson** **25. FUNERAL DIRECTOR'S SIGNATURE** **A. B. Chaffin** **ADDRESS** **Ozark, Mo**

(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 D. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.