

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22342**

FILED JUL 6 - 1953
BIRTH NO. _____ REG. DIST. NO. **254** PRIMARY REG. DIST. NO. **5860** Registrar's No. **20**

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1. PLACE OF DEATH a. COUNTY Oregon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Oregon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Koshkonong Big Apple	c. LENGTH OF STAY (in this place) 50 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Koshkonong Big Apple	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0153	

3. NAME OF DECEASED (Type or Print)	a. (First) ROSE	b. (Middle) C.	c. (Last) TINDEL	4. DATE OF DEATH (Month) (Day) (Year) June 26, 1953
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb. 5, 1883	9. AGE (In years last birthday) 70	# UNDER 1 YEAR Months 4 Days 21	# UNDER 1 MILE Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) domestic	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Russellville, Ark.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME William Jordan	13b. MOTHER'S MAIDEN NAME Martha Brown	14. NAME OF HUSBAND OR WIFE James Bryant Tindel, dec.
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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.	17. INFORMANT'S SIGNATURE OR NAME C. I. Tindel	ADDRESS Cabool, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 1 hr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertension & Coronary Arteriosclerosis		
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan 1953**, to **June 29, 1953**, that I last saw the deceased alive on **June 21, 1953** and that death occurred at **7:55 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS 1145 W. Main St. Mo.	23c. DATE SIGNED 6-29-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/28/53	24c. NAME OF CEMETERY OR CREMATORY Koshkonong Cemetery	24d. LOCATION (City, town, or county) (State) Koshkonong, Mo.
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DATE REC'D BY LOCAL REG. June 29, 1953	REGISTRAR'S SIGNATURE Arthur Wolf	25. FUNERAL DIRECTOR'S SIGNATURE Deland Carter	ADDRESS Hayward
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(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 _____

Licensed Embalmer No. 4576

P. O. Address Shayna, 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.