

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 18 1953

BIRTH NO. 24 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 2042 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>MADISON.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>FREDERICKTOWN.</u>	c. LENGTH OF STAY (In this place) <u>5 MOS.</u>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>FREDERICKTOWN, MO.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>		d. STREET ADDRESS (If rural, give location) <u>417 FRANKLIN. 0621</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>RICHARD.</u>	b. (Middle) <u>MARION.</u>	c. (Last) <u>TINNIN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 9 1953</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED.</u>	8. DATE OF BIRTH <u>SEPT. 2. 1896.</u>	9. AGE (In years last birthday) <u>56</u> if UNDER 1 YEAR: Months <u>11</u> Days <u>7</u> if UNDER 12 HRS. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINER.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MINING.</u>	11. BIRTHPLACE (State or foreign country) <u>MARQUAND MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>

13a. FATHER'S NAME <u>BENJAMIN A TINNIN.</u>	13b. MOTHER'S MAIDEN NAME <u>MARTHA JANE GIBBS.</u>	14. NAME OF HUSBAND OR WIFE <u>MARY ESTHER TINNIN</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES. WWI.</u>	16. SOCIAL SECURITY NO. <u>493-03-9512</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MARY ESTHER TINNIN FREDERICKTOWN</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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2-3 MIN.</u>
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MASSIVE PULMONARY HEMORRHAGE</u>		
	ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CARCINOMA OF THE LUNG.</u> DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____			

19a. DATE OF OPERATION <u>8-19-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>CARCINOMA OF THE LUNG.</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) _____	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 5-25, 1953, to 8-9, 1953, that I last saw the deceased alive on 5-25, 1953, and that death occurred at 9:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. Michaelis, M.D.</u>	23b. ADDRESS <u>B.A. Michaelis, M.D. 135 So. M-ne-tna Motte</u>	23c. DATE SIGNED <u>8-11-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL.</u>	24b. DATE <u>8/11/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SNOWDENVILLE</u>
		24d. LOCATION (City, town, or county) (State) <u>CANWALL MO.</u>

DATE REC'D BY LOCAL REG. <u>8-11-53</u>	REGISTRAR'S SIGNATURE <u>L. V. Harrison</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. V. Harrison, Fredericktown</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MADISON CO. HEALTH DEPT.
FREDERICKTOWN, MO.
RECEIVED
SEP 27 1959
FILE No. 853-47

SEP 27 1959

1959 5/ADM

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 *Raymond Wilson*

Licensed Embalmer No. *4884*

P. O. Address *Fredericktown*

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.