No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 35509

FILED OCT 20 1953

BIRTH NO. _____ REG. DIST. NO. 109 PRIMARY REG. DIST. NO. 4180 Registrar's No. 19

**1. PLACE OF DEATH**
a. COUNTY: DUNKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CAMPBELL
c. LENGTH OF STAY (In this place): 54 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): AT HOME

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission.)
a. STATE: MISSOURI
b. COUNTY: DUNKLIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CAMPBELL 0350 0
d. STREET ADDRESS (If rural, give location):

**3. NAME OF DECEASED** (Type or Print)
a. (First): BINA
b. (Middle): TINNIN
c. (Last): CUMPTON

**4. DATE OF DEATH** (Month) (Day) (Year): OCT 8 1953

**5. SEX**: FEMALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED
**8. DATE OF BIRTH**: MARCH 25 1872.
**9. AGE** (In years last birthday): 81 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Home making
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (City and State or Foreign Country): Kennett, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: CHARLIE TINNIN
**13b. MOTHER'S MAIDEN NAME**: PARALEE LACY
**14. NAME OF HUSBAND OR WIFE**: A.L. CUMPTON

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): NO — (If yes, give war or dates of service): NONE
**16. SOCIAL SECURITY NO.**: NONE
**17. INFORMANT'S SIGNATURE OR NAME — ADDRESS**: A.L. CUMPTON, CAMPBELL, 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) Stokes-Adams Syndrome. — INTERVAL BETWEEN ONSET AND DEATH: 1 mo?

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Complete Heart Block — ?
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**: 4330
**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* 10/1, 1953, *to* 10/7, 1953, *that I last saw the deceased alive on* 10/7, 1953, *and that death occurred at* 9:30 p *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Wallace A. Belsey M.D.
**23b. ADDRESS**: Campbell, Mo.
**23c. DATE SIGNED**: 10/15/53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: OCT. 10 53
**24c. NAME OF CEMETERY OR CREMATORY**: OAK RIDGE,
**24d. LOCATION** (City, town, or county) (State): Kennett, Mo.

**DATE REC'D BY LOCAL REG.**: 10/16/53
**REGISTRAR'S SIGNATURE**: Mrs. Beulah Campbell
**25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS**: Paul Johnson - Kennett, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HEALT
DEPARTMENT 10-19-53
COUNTY FILE NUMBER 1055-2

OCT 21 1953

## 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 S P Salmon

Licensed Embalmer No. 2556-

P. O. Address Kennett, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.