

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39826

State File No. ....

No. 300  
10.48  
01 20  
0

FILED NOV 23 1953

BIRTH MO. REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <b>NEWTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>NEWTON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>GRANBY</b>		c. LENGTH OF STAY (in this place) <b>4 YRS.</b>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>GRANBY</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>GRANBY COMMUNITY Hosp.</b>			

3. NAME OF DECEASED (Type or Print) <b>NELLIE</b>	a. (First)	b. (Middle) <b>MAE</b>	c. (Last) <b>TINK</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>NOV 8, 1953</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>Aug 5, 1882</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SECRETARY</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>BOOKKEEPING</b>	11. BIRTHPLACE (State or foreign country) <b>GRANBY, Missouri</b>	12. CITIZENSHIP OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>John Tink</b>	13b. MOTHER'S MAIDEN NAME <b>MARY CARLYON</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>44-248-1000</b>	17. INFORMANT'S SIGNATURE OR NAME <b>BEN TINK</b>	ADDRESS <b>GRANBY, MO.</b>
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18. CAUSE OF DEATH <b>496-01-81508</b>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>20 Min</b>
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Respiratory Failure</b>		<b>3 1/2 hrs</b>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) <b>Cerebrovascular accident</b>		
	DUE TO (c) <b>Cardiovascular hypertensive disease over 1 yr</b>		
	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Nov 5, 1953**, to **Nov 8, 1953**, that I last saw the deceased alive on **Nov 8, 1953**, and that death occurred at **3:45 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Charles O. ...</b>	23b. ADDRESS <b>GRANBY, MO.</b>	23c. DATE SIGNED <b>11-9-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>11-10-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>GRANBY MEMORIAL CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>GRANBY, MO.</b>
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DATE REC'D BY LOCAL REG. <b>Nov. 16, 1953</b>	REGISTRAR'S SIGNATURE <b>M. B. Young</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Charles ...</b>	ADDRESS <b>Granby, Mo.</b>
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(Licensed Embalmer's Signature in Reverse Side)

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

**RECEIVED**

NEWTON COUNTY HEALTH UNIT

District Health Officer No. \_\_\_\_\_

District File Number 1153-212

Date Filed NOV 20 1959

NEOSHO, MISSOURI

NOV 23 1959

**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 F. E. Shewmake Jr.

Licensed Embalmer No. 4923

P. O. Address Granby, 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.