

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4486**

BIRTH **DECEASED FEB 23 1954** REG. DIST. NO. **110** PRIMARY REG. DIST. NO. **4182** Registrar's No. **4**

No. 300  
10.48

0360

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

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>FRANKLIN</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>NEW HAVEN.</b>		c. LENGTH OF STAY (In this place) <b>11 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>NEW HAVEN</b>		d. STREET ADDRESS (If rural, give location) <b>0360 6</b>
3. NAME OF DECEASED (Type or Print) a. (First) <b>TINKIE</b> b. (Middle) <b>L.</b> c. (Last) <b>SOUTH</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2-17-1954</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>DEC. 7, 1891</b>	9. AGE (In years last birthday) <b>62.</b>	10. IF UNDER 1 YEAR Months <b>2</b> Days <b>10</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HAT FACTORY EMPLOYEE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HAT INDUSTRY</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>BONNETS MILL MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>ANDREW HARRISON</b>		13b. MOTHER'S MAIDEN NAME <b>ELLEN HARRISON</b>		14. NAME OF HUSBAND OR WIFE <b>CHARLES O. SOUTH</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>496-28-8072</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Nelson South Berge MO.</b>		
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) <b>Valvular heart disease with congestive failure</b>			INTERVAL BETWEEN ONSET AND DEATH <b>8 yrs.</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>					
19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION <b>4274</b>			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 <b>10/20</b> , <b>1947</b> , to <b>2/17</b> , <b>1954</b> , that I last saw the deceased alive on <b>2/16</b> , <b>1954</b> , and that death occurred at <b>1:00 Pm.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>H. P. Zimmerman M.D.</b>			23b. ADDRESS <b>New Haven, Missouri</b>		23c. DATE SIGNED <b>2/19/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>Feb. 20, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>NEW HAVEN CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>NEW HAVEN MO</b>		
DATE REC'D BY LOCAL REG. <b>Feb. 20-54</b>		REGISTRAR'S SIGNATURE <b>Edna D. Junge 4750</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>L. P. Seitz &amp; Sons New Haven Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

FEB 23 1950

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 Earl Perley

Licensed Embalmer No. 3385

P. O. Address York Haven Pa

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.