No. 300
10-48
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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. 8336

BIRTH NO. FILED APR 5 1954 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5465 Registrar's No. 332

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN: Springfield Rural, North Campbell (township)
c. LENGTH OF STAY (in this place): 18 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3208 W. Division Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Greene 0396
c. CITY OR TOWN: Springfield
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒ 0
e. STREET ADDRESS (If rural, give location): 3208 W. Division Street

3. NAME OF DECEASED (Type or Print)
a. (First): POLLY
b. (Middle): ANN
c. (Last): TINDELL

4. DATE OF DEATH (Month) (Day) (Year): MARCH 30, 1954

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 13 Feb. 1869
9. AGE (In years last birthday): 85 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and State or Foreign Country): Whitley County, Kentucky 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: C. P. Rose
13b. MOTHER'S MAIDEN NAME: (Unk. 1stname) Powell
14. NAME OF HUSBAND OR WIFE: Tom Tindell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: ----
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Pritchet Branam, Rt. 10, Springfield, 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): Carcinoma of Liver — INTERVAL BETWEEN ONSET AND DEATH: About 2 years

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 1561
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* June, 1952, *to* 3-30, 1954, *that I last saw the deceased alive on* 3-29, 1954, *and that death occurred at* 3:30 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) M.D.
23b. ADDRESS Springfield Mo
23c. DATE SIGNED 3-31-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1 Apr. 1954
24c. NAME OF CEMETERY OR CREMATORY: Ash Grove Cemetery
24d. LOCATION (City, town, or county) (State): Ash Grove, Missouri.

DATE REC'D BY LOCAL REG.: 4-1-54
REGISTRAR'S SIGNATURE: Estella Williamson
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Fred C. Thiem, Springfield Missouri

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 289

P. O. Address.....

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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