

FILED APR 16 1954

STANDARD CERTIFICATE OF DEATH

State File No. 14724

BIRTH NO. _____ REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 4538 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Wayne		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Wayne	
b. CITY (If outside corporate limits, write RURAL and give township) Piedmont		c. LENGTH OF STAY (in this place) Emp.	
c. CITY (If outside corporate limits, write RURAL and give township) Piedmont, Mo.		11/2	
d. FULL NAME OF HOSPITAL OR INSTITUTION <		d. STREET ADDRESS (If rural, give location) 319 Iris St.	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Leonard	b. (Middle) Arnold	c. (Last) Tinker	April 9 1984		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 6 1917		9. AGE (In years last birthday) 36
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wholesale Oil Dis.		10b. KIND OF BUSINESS OR INDUSTRY Oil & Gas Dis.		11. BIRTHPLACE (City and State or Foreign Country) Ellington Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Sam Tinker		13b. MOTHER'S MAIDEN NAME Thomasine Potts		14. NAME OF HUSBAND OR WIFE Eupha Wilma Tinker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes War II		16. SOCIAL SECURITY NO. 486-165908		17. INFORMANT'S SIGNATURE OR NAME 319 Iris St. Mrs. Wilma Tinker	

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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) hypertension - glomerulo-nephritis		INTERVAL BETWEEN ONSET AND DEATH
	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 592X		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 April 6, 1984 to April 9, 1984, that I last saw the deceased alive on 4/8, 1984 and that death occurred at 8:25 AM, from the causes and on the date stated above.

23a. SIGNATURE J. H. Hline MD		(Degree or title)		23b. ADDRESS Piedmont, Mo		23c. DATE SIGNED 4/10/84	
24a. BURIAL, CREMATION REMOVAL (Specify) burial		24b. DATE April 12 84		24c. NAME OF CEMETERY OR CREMATORY Lake Wood cem		24d. LOCATION (City, town, or county) (State) St Louis Mo.	
DATE REC'D BY LOCAL REG Apr 10, 1984		REGISTRAR'S SIGNATURE Hazel Ward		460		25. FUNERAL DIRECTOR'S SIGNATURE William Cook	
						ADDRESS Piedmont Mo.	

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

RECEIVED

APR 16 1954

WAYNE CO. HEALTH CENTER

FILE No. 454-16

APR 24

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 _____

Coder Funeral Home

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed.....

William Coder

Licensed Embalmer No. 3723

P. O. Address. *Redmont, 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.