

No. 300
10. 48

FILED FEB 14 1955

STANDARD CERTIFICATE OF DEATH

DR. RUSSELL 925
State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 118

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. LENGTH OF STAY (In this place) 9 MO.	c. CITY OR TOWN SPRINGFIELD
d. FULL NAME OF HOSPITAL OR INSTITUTION 627 ELMWOOD DRIVE /		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 627 ELMWOOD DRIVE 0386	

3. NAME OF DECEASED (Type or Print)	a. (First) ARTHUR	b. (Middle) JAMES	c. (Last) TINKLER	4. DATE OF DEATH (Month) (Day) (Year) FEB. 4 1955
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5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED /	8. DATE OF BIRTH FEB. 13 1894	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Hours	IF UNDER 1 MINS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	10b. KIND OF BUSINESS OR INDUSTRY MOTEL OPERATOR	11. BIRTHPLACE (City and State or Foreign Country) JACKSON, MICHIGAN /	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME WILLIAM TINKLER	13b. MOTHER'S MAIDEN NAME EDNA BRADFORD	14. NAME OF HUSBAND OR WIFE GLADYS TINKLER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME MRS. GLADYS TINKLER	ADDRESS SPRINGFIELD, MO.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema		INTERVAL BETWEEN ONSET AND DEATH 48 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congestive Heart Failure		3 mo
	DUE TO (c) Cirrhosis of the Liver		3 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition			1 mo

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) (Min.)	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 6 ¹⁸⁵⁴ to 2-4, 1955, that I last saw the deceased alive on 2-3, 1955, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE Carl W. Russell M.D.	(Degree or title)	23b. ADDRESS 1951 S. National, Spv. Mo	23c. DATE SIGNED 2-5-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 2-4-55	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) KOKOMO, INDIANA
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DATE REC'D BY LOCAL REG. 2-8-55	REGISTRAR'S SIGNATURE Harry Williamson	5. GENERAL DIRECTOR'S SIGNATURE By J.E.R.	ADDRESS SPRINGFIELD, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 18 1955

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.....
Signature of Student Embalmer

Signed.....
Gene C. Hunt

Licensed Embalmer No.....

P. O. Address

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

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