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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24472

Reg. #9276

SL #6222

Registrar's No. 5856

BIRTH NO. FILED AUG 2 - 1955

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>Madison</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <b>915 N. Grand, St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place) <b>14 days</b>	c. CITY OR TOWN <b>Madison</b>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>		e. STREET ADDRESS (If rural, give location) <b>915 Washington</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>RICHARD</b>		b. (Middle) <b>E.</b>	c. (Last) <b>TINSLEY</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>July 4, 1955</b>		5. SEX <b>Male</b>	
6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>2/11/97</b>
9. AGE (In years last birthday) <b>58</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Madison, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Richard Tinsley</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ethridge</b>	14. NAME OF HUSBAND OR WIFE <b>Rosie Tinsley</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW-1</b>		16. SOCIAL SECURITY NO. <b>327-12-1338</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VA Hosp. Records, St. Louis, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMA OF RIGHT LUNG WITH METASTASES</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>BULLOUS EMPHYSEMA</b> <b>LUETIC AORTITIS</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>UNK.</b>	
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) <b>VA</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>163x</b>	
22. I hereby certify that I attended the deceased from <b>6/20</b> , 19 <b>55</b> , to <b>7/4</b> , 19 <b>55</b> , and that death occurred at <b>12:45</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>W. K. Fitzgerald</b>		23b. ADDRESS <b>VA Hosp., St. Louis, Mo.</b>	
23c. DATE SIGNED <b>7-4-1955</b>		24a. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Mo.</b>	
24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 5, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	
DATE REC'D BY LOCAL REG. <b>JUL 7 1955</b>	REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Marionette Office 2114 Missouri Ave. East St. Louis, Ill.</b>	

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

**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 *Ben H. Baldwin*.....

Licensed Embalmer No. *242*

P. O. Address *721 N. 26th*

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.