

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 16 1956

State File No. **36327**
Registrar's No. **8560**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 36327		Registrar's No. 8560			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Maries							
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis) c. LENGTH OF STAY (in this place) 6 weeks			c. CITY OR TOWN Belle			d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's				e. STREET ADDRESS (If rural, give location) _____							
3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) Williamson c. (Last) Tynes			4. DATE OF DEATH Month Sept Day 14 Year 1956								
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept 27, 1884		9. AGE (In years last birthday) 71			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Linn, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME James Bacon			13b. MOTHER'S MAIDEN NAME Elizabeth Patterson			14. NAME OF HUSBAND OR WIFE William Weldon Tynes					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Ralph B. Tynes, 711 W. Main, Festus, Mo.					ADDRESS _____		
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.				1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Visceral abdominal						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. Mal nebulae 199!							
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 Jan 56 , 19 56 , to Sept 14 , 19 56 , that I last saw the deceased alive on Sept 14 , 19 56 , and that death occurred at 12:10 m., from the causes and on the date stated above.											
23a. SIGNATURE Shornell M.D.				23b. ADDRESS 408 Humboldt Bldg			23c. DATE SIGNED 9/15/56				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 16, 1956		24c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery		24d. LOCATION (City, town, or county) Belle, Missouri		(State) _____			
DATE REC'D BY LOCAL REG. SEP 17 1956		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.			25. FUNERAL DIRECTOR'S SIGNATURE Vinyard Funeral Homes, Inc., Festus, Mo.						

m. J. B. (Licensed Embalmer's Statement on Reverse Side)

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

NOV 1944

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 *W. B. Leonard*

Licensed Embalmer No. *4976*

P. O. Address *Festus,*

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.