

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3659

FILED MAR 4 1957

STATE FILE NUMBER

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 74

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| 1. PLACE OF DEATH a. COUNTY Nodaway | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville | | c. CITY OR TOWN Maryville ⁰⁹⁴⁰ Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital 9 days | | d. STREET ADDRESS 5 1/2 miles SE (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

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|--|----------------------------------|---|---|--|--|
| 3. NAME OF DECEASED (Type or print) OTIS RAWLINGS TINDALL, Sr. First Middle Last | | | 4. DATE OF DEATH Month 2 Day 26 Year 57 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 9/8/70 | 9. AGE (In years last birthday) 86 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-retired | | 10b. KIND OF BUSINESS OR INDUSTRY Own account | 11. BIRTHPLACE (City and state or country) Adams County, Ill. | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13. FATHER'S NAME Archles D. Tindall | | | 14. MOTHER'S MAIDEN NAME Agnes E. Rawlings | | |

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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT Mrs. Otis Tindall, Maryville, Mo. Address |
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| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) chronic myocardial disease | | INTERVAL BETWEEN ONSET AND DEATH 59 days 3 days |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis | | |
| DUE TO (c) coronary occlusion | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201 | | |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m. | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |

21. I attended the deceased from _____ to **Feb. 26, 1957** and last saw **him** alive on _____
Death occurred at **2:45 P.** _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE H. C. Burman - (Degree or title) M. D. | 22b. ADDRESS Maryville, Mo. | 22c. DATE SIGNED 3/28/57 |
|---|---------------------------------------|------------------------------------|

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|--|-----------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 2/28/57 | 23c. NAME OF CEMETERY OR CREMATORY Miriam | 23d. LOCATION (City, town, or county) (State) Maryville, Mo. |
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| 24. FUNERAL DIRECTOR Price Funeral Home, Maryville, Mo. ADDRESS | 25. DATE RECD. BY LOCAL REG. 3-2-57 | 26. REGISTRAR'S SIGNATURE Bess Holt |
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(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John W. Price*

Licensed Embalmer No. *42*

P. O. Address *Maryville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.