

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5826

STATE FILE NUMBER

FILED MAR 1 1957

3376-57

Registration District No. 290 Primary Registration District No. 5983 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St Roberts</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>St Roberts</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Chimney Trailer Courts</u>		Length of stay in lb <u>19</u>		d. STREET ADDRESS (If outside, give location) <u>Chimney Trailer Cts</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Neva</u> Middle <u>Ann</u> Last <u>Tingler</u>				4. DATE OF DEATH Month <u>Feb</u> Day <u>22</u> Year <u>57</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Cau</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb 3, 1957</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR: Months <u>19</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> IF UNDER 24 HRS. <u>19</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Ft Leonard Wood, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Phillip E Tingler</u>				14. MOTHER'S MAIDEN NAME <u>Ruth E Messer</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>W. B. Hedger Lt Col WOC</u> Address <u>Ft Wood, Mo</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Asphyxia</u>						INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Child found to have died during night when</u>				Unknown	
		DUE TO (c) <u>parents were asleep</u>				<u>9249</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>46</u>						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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.) <u>Dependent lividity anterior body surface</u>					
20c. TIME OF INJURY Hour <u>Unknown</u> Month <u>Unknown</u> Day <u>Unknown</u> Year <u>Unknown</u> a. m. <u>Unknown</u> p. m. <u>Unknown</u>							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK OR NOT WHILE AT WORK <input checked="" 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 certified saw the deceased <u>born</u> on <u>Feb 22, 57</u> to <u>Unknown</u> and <u>Unknown</u> and to the best of my knowledge, from the causes stated. Death occurred at <u>Unknown</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>William J. Hedger Capt. M. C.</u> (Degree or title)				22b. ADDRESS <u>Ft Leonard Wood, Mo</u>		22c. DATE SIGNED <u>23 Feb 57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>2-23-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>LONE STAR Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Coulington VIRGINIA</u>		
24. FUNERAL DIRECTOR <u>B. J. Hedger Crocker, Mo</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>2-23-57</u>		REGISTRAR'S SIGNATURE <u>Paula Mae Ambrosom</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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RECEIVED 2-23-56
Pulaski County Health Officer
File Number 21
Date Filed 2-23-56

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 *Clarence Prose*.....

Licensed Embalmer No. *489*

P. O. Address *Waynesville*

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