

FILED MAY 23 1957

STANDARD CERTIFICATE OF DEATH

18216

STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3084 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>1720</u> b. COUNTY <u>Pike</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Louisiana</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Bowling Green</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pike Co. Hospital</u>				Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>820</u>	
3. NAME OF DECEASED (Type or print) First <u>Raymond</u> Middle <u>LEE</u> Last <u>Tinsley</u>				4. DATE OF DEATH Month <u>May</u> Day <u>11</u> Year <u>1957</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Oct 7 1898</u>		9. AGE (In years last birthday) <u>68</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, then if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and state or country) <u>Bowling Green, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13. FATHER'S NAME <u>Perry O. Tinsley</u>				14. MOTHER'S MAIDEN NAME <u>IDA SCOTT</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. <u>—</u>		17. INFORMANT <u>William Tinsley</u> Address <u>Bowling Green 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>Uraemia.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Chronic interstitial nephritis</u> DUE TO (c) <u>Diabetic burn</u> <u>962X</u>							INTERVAL BETWEEN ONSET AND DEATH <u>6</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>40</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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>A can of Merosene exploded; while burning brush</u>				
20c. TIME OF INJURY Hour <u>4:40</u> Month <u>12</u> Day <u>52</u> Year <u>57</u> p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>		20f. CITY, TOWN, OR LOCATION <u>Bowling Green</u>		COUNTY <u>Pike</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>4-17-52</u> to <u>5-11-57</u> and last saw ^{him} alive on <u>5-11-57</u> Death occurred at <u>4:40 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Bernice Callier</u>				22b. ADDRESS <u>M.D. Louisiana, Missouri</u>		22c. DATE SIGNED <u>5-13-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORIUM		23d. LOCATION (City, town, or county) (State)		
<u>Burial</u>		<u>May 12-1957</u>	<u>Bowling Green</u>		<u>Bowling Green Mo</u>		
24. FUNERAL DIRECTOR <u>Innocent Bankhead</u>			ADDRESS <u>Bowling Green, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>May 18, 1957</u>		
26. REGISTRAR'S SIGNATURE <u>Bernice Callier</u>							

(Licensed Embalmer's Statement on Reverse Side)

MAY 29 1957

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 *Harold C. Kiser*

Licensed Embalmer No. *45*

P. O. Address *Bowling
Mo.*

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.