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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25342**

FILED JUL 23 1957

BIRTH NO. **124** REG. DIST. NO. **204** PRIMARY REG. DIST. NO. **304A** Registrar's No. **41**

1. PLACE OF DEATH a. COUNTY Madison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL, and give town or township) Fredericktown		c. CITY OR TOWN Fredericktown	
c. LENGTH OF STAY (in this place) 77 yrs.		d. Is 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 (If not in hospital or institution, give street address or location) 804 So. Main St.		STREET ADDRESS (If rural, give location) 804 So. Main 062/0	

3. NAME OF DECEASED (Type or Print) a. (First) Gilbert b. (Middle) Harrison c. (Last) Tinnin			4. DATE OF DEATH (Month) (Day) (Year) July 15, 1957		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Feb. 19, 1880		9. AGE (In years last birthday) 77		IF UNDER 1 YEAR: Months 4 Days 26	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Madison County, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Charles K. Tinnin		13b. MOTHER'S MAIDEN NAME Sarah A. Tesreau		14. NAME OF HUSBAND OR WIFE Celia Tinnin	
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'S SIGNATURE OR NAME Mrs. Celia Tinnin ADDRESS Fredericktown, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis				minutes	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arteriosclerotic Heart Disease		Yrs.	
		DUE TO (c) Generalized Arteriosclerosis		Yrs.	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" 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) (Minute)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **2:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles E. Michaels M.D.		23b. ADDRESS 135 S. Main & La Motte Fredericktown, Missouri		23c. DATE SIGNED July 16, 1957	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/17/57		24c. NAME OF CEMETERY OR CREMATORY Methodist	
24d. LOCATION (City, town, or county) (State) Fredericktown, Mo.					

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 7-17-1957 Francis Dick		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Najim Funeral Home, Fredericktown, Mo.	
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MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.

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FILE No. 727-43

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 _____
Licensed Embalmer No. 485

P. O. Address Frederick

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.