

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008743
STATE FILE NUMBER

FILED APR 8 1958

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY Barton				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Dade					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Lockwood Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Potts Nursing Home			Length of stay in lb lyr		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Russell Middle Carlton Last Tindall				4. DATE OF DEATH Month Mar Day 27 Year 1958					
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Mar 26 1879		9. AGE (In years last birthday) 79	IF UNDER 1 YEAR IF UNDER 24 HRS. Months 0 Days 1 Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Dade Mo.		12. CITIZEN OF WHAT COUNTRY? usa		
13. FATHER'S NAME William Tiddall				14. MOTHER'S MAIDEN NAME Sarah VanHooser					
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 Herbert Tindall Address Cartage Mo					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial Pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Influenza DUE TO (c) 480X							INTERVAL BETWEEN ONSET AND DEATH 2 wks 4 wks		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Bedsore and Arteriosclerosis							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)						
20c. TIME OF INJURY Hour Month, Day, Year a. m. 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 9-4-57 to 3-27-58 and last saw ^{her} him alive on 3-27-58 Death occurred at 8:00p on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Herbert M. Arnold M.D. Lamar Mo.				22b. ADDRESS		22c. DATE SIGNED 3-31-58			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
Burial		Mar 30 1958		Collins		Dade Co Mo			
24. FUNERAL DIRECTOR W.R. Allison ADDRESS Greenfield Mo.			25. DATE RECD. BY LOCAL REG. APR 2 - 50		26. REGISTRAR'S SIGNATURE Marie Konantz				

(Licensed Embalmer's Statement on Reverse Side)

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 0061
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.
 Doctor, coroner, etc. must use only standard causes. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related.

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.R. Allison*

Licensed Embalmer No. *49*

P. O. Address *Greenfield*

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.