

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028954

STATE FILE NUMBER

FILED AUG 25 1958 Registration District No. 140 Primary Registration District No. 3021 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY Howard			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howard		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Twp. Fayette		Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Fayette		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lee Hospital		Length of stay in lb 1 hr.	d. STREET ADDRESS (If outside, give location) R. R. #2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last CORDELL HUGHES TINDALL			4. DATE OF DEATH Month Day Year August 13, 1958		
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 May 4, 1890		9. AGE (In years birthday) 68
10a. USUAL OCCUPATION (Give kind of work done during life, even if retired) Farming		10b. KIND OF BUSINESS OR OCCUPATION Farm Owner		11. BIRTHPLACE (City and state or country) Howard Co. Missouri	
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Noah Cordell Tindall		
13b. MOTHER'S MAIDEN NAME Ella Eaton			14. NAME OF HUSBAND OR WIFE Winnie Lee Stipes		
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.		17. INFORMANT Cordell W. Tindall Address Fayette, 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) Coronary Thrombosis DUE TO (b) Chronic Atherosclerosis DUE TO (c) Hyper Tension					INTERVAL BETWEEN ONSET AND DEATH Immediate
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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 <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 8-13-58 to 8-13-58 and last saw him alive on 8-13-58 Death occurred at 10:30 A. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W. A. Bloom M.D.		22b. ADDRESS Fayette, Mo.		22c. DATE SIGNED 8-21-58	
23a. BURIAL, CREMATION, or other final disposition (Specify) Burial		23b. DATE 8/15/58		23c. NAME OF CEMETERY OR CREMATORY Fayette City Cemetery	
23d. LOCATION (City, town, or county) Fayette, Missouri		23e. STATE Missouri			
24. GENERAL DIRECTOR Ralph A. Carr		ADDRESS Fayette, Missouri		25. DATE RECD. BY LOCAL REG. 8-21-58	
26. REGISTRAR'S SIGNATURE Mary K. Shell					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally 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 *Ralph A. Carr*

Licensed Embalmer No. *3340*

P. O. Address *Jayette, Mo.*

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.