

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039644

STATE FILE NUMBER

DEC 1 1958

Registration District No. 128

Primary Registration District No.

Registrar's No. 1109

1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural 3rd N. Campbell		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Rural 3rd N. Campbell		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Springfield Rt. 6		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Springfield Rt. 6		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ROY Middle LEE Last TINDLE			4. DATE OF DEATH Month Nov. Day 17, Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 23 Sept. 1896	9. AGE (In years birthday) 62	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Laborer	11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Henry Tindle		13b. MOTHER'S MAIDEN NAME Sarah Witt		14. NAME OF HUSBAND OR WIFE Divorced	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give <u>what</u> dates of service) No		16. SOCIAL SECURITY NO. 493-16-2988		17. INFORMANT Floyd Tindle Address Springfield, 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) Emaciation (Wasting) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Tuberculosis, Adrenal and/or Pulmonary, Suspected Unknown DUE TO (c) UNATTENDED BY A PHYSICIAN				INTERVAL BETWEEN ONSET AND DEATH 3-4 yrs.	
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"/> 2	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 UNATTENDED BY PHYSICIAN-58 and last saw her alive on _____ Death occurred at 6:30 _____ on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>James P. Brown M.D.</i>		(Degree or title) 5 Greene County Health Officer		22b. ADDRESS Springfield, Missouri	
22c. DATE SIGNED 11-24-58					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-20-58		23c. NAME OF CEMETERY OR CREMATORY Pleasant Hope Cemetery	
		23d. LOCATION (City, town, or county) Pleasant Hope, Mo.		(State)	
24. FUNERAL DIRECTOR J.W. KLINGNER & CO. ADDRESS Spigd. Mo.			25. DATE RECD. BY LOCAL REG. 11-24-58		26. REGISTRAR'S SIGNATURE <i>Effie G. Mellon</i>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57

JUN. 15 1962

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 *Max Rhodes*

Licensed Embalmer No. *40*

P. O. Address *Springfield*

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.