

Health, Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047277
STATE FILE NUMBER 12535

318

1003

FILED JAN 19 1958

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

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-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN 4000
c. FULL NAME OF (If NOT in hospital, give location) 16 HOSPITAL OR INSTITUTION Missouri Baptist Hosp.		Length of stay in 1b 27	d. STREET ADDRESS (If outside, give location) 8059 Airport Rd.
3. NAME OF DECEASED (Type or print) First Middle Last ROY LEE TYNDALL			4. DATE OF DEATH Month Day Year 12 26 1958
5. SEX Male <input checked="" type="checkbox"/>	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 10-14-1914
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brakeman		10b. KIND OF BUSINESS OR INDUSTRY Wabash R.R.	9. AGE (In years (last birthday)) 44
11. BIRTHPLACE (City and state or country) Springfield, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME W. R. Tyndall		13b. MOTHER'S MAIDEN NAME Audra Watts	14. NAME OF HUSBAND OR WIFE Eileen Tyndall
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. #2		16. SOCIAL SECURITY NO. 702-12-9016	17. INFORMANT Address Eileen Tyndall, 8059 Airport Road
18. CAUSE OF DEATH (Enter only one cause on line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Traumatic amputation of both legs. DUE TO (b) E 800X DUE TO (c) 07 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal illness condition reported in PART I. Huffed while running on tracks (Wabash Railroad) up Berk. sup. St. Louis County about 310 sup. December 16, 1958			19. INTERVAL BETWEEN ONSET AND DEATH
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 as item 18.) Huffed while running on tracks (Wabash Railroad) up Berk. sup. St. Louis County about 310 sup. December 16, 1958	
20c. TIME OF INJURY Hour a.m. Month, Day, Year 310 12 16 58		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, shop, etc.) Railroad tracks	
20e. CITY, TOWN, OR LOCATION St. Louis County Mo.		20f. COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 400 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dabrus & Taylor 3		22b. ADDRESS 1300 Elm	
22c. DATE SIGNED 12-27-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-27-58	
23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) Springfield, Missouri	
24. FUNERAL DIRECTOR ADDRESS McLAUGHLIN'S, 2301 Lafayette		25. DATE RECD. BY LOCAL REG. DEC 27 '58	
26. REGISTRAR'S SIGNATURE J. Carl Smith MD am			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 27

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 *James P. Chapman*

Licensed Embalmer No. *455*

P. O. Address *J. L. ...*

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.