

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000806

STATE FILE NUMBER

FILED JAN 14 1959

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 5

300  
1-57

DUNMIRE

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Senath</u> c. 3500 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dunklin County Memorial Hospital / WALK</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>Rt. 2</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Winfred Roy Tinkle</u>			4. DATE OF DEATH Month Day Year <u>Jan. 1- 1959</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 22-1887</u>
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months Days <u>0 9</u>	IF UNDER 24 HRS. Hours Min. <u>0 0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>	11. BIRTHPLACE (City and state or country) <u>Dunklin County Mo. c</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>George Tinkle</u>	
13b. MOTHER'S MAIDEN NAME <u>Sarah Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Zetta Tinkle</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No. XX</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT <u>Nadine Whitehorn</u>		Address <u>Kennett Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Portal Cirrhosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6-12 wks</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) _____ DUE TO (c) _____			<u>5810</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cholelithiasis &amp; Biliary Stenosis</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 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 <u>Senath</u>		COUNTY STATE <u>Dunklin Mo.</u>	
21. I attended the deceased from <u>Jan 1 1959</u> to <u>Jan 1 1959</u> and last saw her/him alive on <u>Jan 1 1959</u> . Death occurred at <u>6.20 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>George Dunmire</u> (Degree or title) <u>M.D. c</u>		22b. ADDRESS <u>Kennett Mo.</u>	
22c. DATE SIGNED <u>1-5-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1-2-59</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Kennett Mo.</u>	
24. FUNERAL DIRECTOR <u>Lutz Service Kennett, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1-6-1959</u>	
26. REGISTRAR'S SIGNATURE <u>Earl Husband</u>			

All diseases in Part I must be causally related.

FORM 1111 NUMBER

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 *Edgar F. Ford*

Licensed Embalmer No. 1433

P. O. Address Kennett 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.