

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-021033

STATE FILE NUMBER

FILED JUL 7 1959

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 711

1. PLACE OF DEATH a. COUNTY <b>Green County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> COUNTY <b>Green</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield, Mo</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Springfield, Mo</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mercy Hospital</b>		Length of stay in lb	STREET ADDRESS (If outside, give location) <b>639</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Arthur</b> Middle <b>Tindle</b> Last <b>Tindle</b>			4. DATE OF DEATH Month <b>June</b> Day <b>28</b> Year <b>1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>July 14/1907</b>
9. AGE (In years last birthday) <b>51</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sheet Metal worker</b>	11. BIRTHPLACE (City and state or country) <b>Mo, Christian Co</b>
12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>		13a. FATHER'S NAME <b>W, H Tindle</b>	13b. MOTHER'S MAIDEN NAME <b>Ida Kessinger</b>
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give dates of service) <b>Yes World War I</b>	16. SOCIAL SECURITY NO.
17. INFORMANT <b>Frank Tindle, Ozark, Mo</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bronchogenic carcinoma left lung with metastasis to brain</b> DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <b>17 mos.</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		1621	
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 <b>4-26-58</b> to <b>6-23-59</b> and last saw him alive on <b>June 23, 1959</b> Death occurred at <b>1245 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>John W. Palk, MD</i>	
22b. ADDRESS <b>604 Medical Arts Bldg. Springfield, Missouri</b>		22c. DATE SIGNED <b>6/30/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6/30/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Prospect Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Christian Co Mo</b>
24. FUNERAL DIRECTOR <b>T. B. Chabbin Ozark, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>7-3-59</b>	26. REGISTRAR'S SIGNATURE <i>Effie S. Melton</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *T. B. Chaffin* .....

Licensed Embalmer No. *2192* .....

P. O. Address... *Ozark, 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.