

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046601

FILED VS JAN 11 1961

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 5578 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin Twsp.		Length of stay in 1b lifetime	c. CITY OR TOWN Joplin
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hope Manor Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1221 McKinley Avenue
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First CAREY Middle Last TINGLE			4. DATE OF DEATH Month December Day 29 , Year 1960	
-------------------------------------------------------------------------------------	--	--	----------------------------------------------------------------------------	--

5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6-27-1884	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
-----------------------	----------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--------------------------------------	-------------------------------------	-------------------------------------------	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Millman		10b. KIND OF BUSINESS OR INDUSTRY Lead & Zinc Mines	11. BIRTHPLACE (City and state or country) Jasper County, Mo.	12. CITIZEN OF WHAT COUNTRY USA	
---------------------------------------------------------------------------------------------------------------	--	-------------------------------------------------------------------	-------------------------------------------------------------------------	-------------------------------------------	--

13a. FATHER'S NAME Nathan Tingle		13b. MOTHER'S MAIDEN NAME Mary Johnson		14. NAME OF HUSBAND OR WIFE None	
--------------------------------------------	--	--------------------------------------------------	--	--------------------------------------------	--

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. 496-20-1913	17. INFORMANT Address Nathan Tingle, 1221 McKinley, Joplin, 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) Gastric Carcinoma				INTERVAL BETWEEN ONSET AND DEATH 6 mo	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				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) Benign Prostatic hypertrophy			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown		
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--

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 a.m. p.m.	Month, Day, Year				
---------------------------------------	------------------	--	--	--	--

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 9-26-60 to time of death and last saw him alive on 12-17-60
Death occurred at 8:15 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) David O. Allen MD		22b. ADDRESS 308 Med Arts Joplin Mo.		22c. DATE SIGNED 1-4-61	
--------------------------------------------------------------	--	------------------------------------------------	--	-----------------------------------	--

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-31-1960	23c. NAME OF CEMETERY OR CREMATORY Peace Cemetery	23d. LOCATION (City, town, or county) (State) NW of Joplin, Missouri		
------------------------------------------------------------	--------------------------------	-------------------------------------------------------------	--------------------------------------------------------------------------------	--	--

24. FUNERAL DIRECTOR ADDRESS Thornhill-Dillon Mortuary, Joplin, Mo.		25. DATE RECD. BY LOCAL REG. 1-5-61	26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer		
-------------------------------------------------------------------------------	--	-----------------------------------------------	-----------------------------------------------------------	--	--

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.