ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

-61-016144
STATE FILE NUMBER

AMENDED

Registration District No. 933 Primary Registration District No. 6114 Registrar's No. 68

FILED MAY 4 1961

1. PLACE OF DEATH
a. COUNTY: SCOTT
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: MORLEY
Length of stay in 1b: 2YRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: AT HOME
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: SCOTT
c. CITY OR TOWN: MORLEY
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): —
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: LYNN Middle: MAX Last: TINDER
4. DATE OF DEATH: Month: APRIL Day: 15 Year: 1961
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐ SEPARATED
8. DATE OF BIRTH: AUG. 22 1916
9. AGE (last birthday): 44
IF UNDER 1 YEAR: Months 7 Days 23
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STORE MANAGER (RET.)
10b. KIND OF BUSINESS OR INDUSTRY: COX'S VARIETY STORE
11. BIRTHPLACE (City and state or country): SIKESTON, MO.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: MORRIS P. TINDER
13b. MOTHER'S MAIDEN NAME: VIRGIE M. SWANAGON
14. NAME OF HUSBAND OR WIFE: MARGARET SMITH TINDER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WWII
7. INFORMANT: MRS. MORRIS P. TINDER Address: MORLEY, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	CARDIAC DECOMPENSATION	24 HRS.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	CARDIOVASCULAR RENAL DISEASE	8 YRS.?
DUE TO (c)	CEREBRAL HEMORRHAGE	8 YRS?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): PROGRESSIVE PARALYSIS (GENERAL)

PART III. If deceased was female was there a pregnancy in last 90 days. MALE ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ NATURAL
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) NONE
20c. TIME OF INJURY Hour a.m. p.m. NONE Month, Day, Year —
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ NONE
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE
20f. CITY, TOWN, OR LOCATION — COUNTY STATE

21. I attended the deceased from NOV. 1959 to APRIL 1961 and last saw him alive on 4-15-61
Death occurred at 4:40PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H. Moorbach, D.O.
22b. ADDRESS: ORAN, MO.
22c. DATE SIGNED: 4-17-61

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: APRIL 17, 1961
23c. NAME OF CEMETERY OR CREMATORY: SIKESTON MEMORIAL PARK
23d. LOCATION (City, town, or county) (State): SIKESTON MISSOURI
24. FUNERAL DIRECTOR ADDRESS: BISPLINGHOFF FUNERAL HOME CHAFFEE, MO
25. DATE RECD. BY LOCAL REG.: 4-25-61
26. REGISTRAR'S SIGNATURE: Mrs Ella Hunter

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

MAY 11 1967

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 Jack T. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, M

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.