MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-026353
STATE FILE NUMBER

Registration District No. 394 Primary Registration District No. 4449 Registrar's No. 98

FILED JUL 24 1961

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY Reynolds
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ellington
Length of stay in 1b Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Own Home
Inside Limits Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print) First Lucy Middle Jane Last Tinker
4. DATE OF DEATH Month June Day 18 Year 1961
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 3-15-1889
9. AGE (last birthday) 72
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Reynolds County, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Mathew Voyles
13b. MOTHER'S MAIDEN NAME Elmina Pogue
14. NAME OF HUSBAND OR WIFE Clardy Tinker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) Na
17. INFORMANT Address Telsie Carter, Ellington, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hydrostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 1 wk.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinomia of Cervix — 2 yrs.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1950, to June 17, 1961 and last saw her/him alive on June 17, 1961
Death occurred at 3 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Kenneth L. Carter (Degree or title) D.O.
22b. ADDRESS Ellington, Mo.
22c. DATE SIGNED 6-20-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6-20-61
23c. NAME OF CEMETERY OR CREMATORY City
23d. LOCATION (City, town, or county) (State) Ellington, Mo.
24. FUNERAL DIRECTOR ADDRESS Pewitt Funeral Home, Ellington, Mo.
25. DATE RECD. BY LOCAL REG. June 28, 1961
26. REGISTRAR'S SIGNATURE ~~Elma Turvid~~ Elma Turvid

(Licensed Embalmer's Statement on Reverse Side)

FEB 15 1962

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 Chas L. Smith

Licensed Embalmer No. 4574

P. O. Address Ellington, 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.