

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043192

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 595

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 29 1962	
1. PLACE OF DEATH	
a. COUNTY Jasper	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin	a. STATE Missouri b. COUNTY Jasper
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Freeman Hospital	c. CITY OR TOWN Webb City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Length of stay in lb Lifetime	d. STREET ADDRESS (If outside, give location) 416 South Tom Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
4. NAME OF DECEASED (Type or print)	
First Buford	Middle L.
Last Tyndall	4. DATE OF DEATH
Month 11 - Day 24 - Year 62	
5. SEX M	6. COLOR OR RACE W
7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/30/1944
9. AGE (last birthday) 18 years	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY worked in supermarket
11. BIRTHPLACE (City and state or country) Webb City, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Jay Tyndall	13b. MOTHER'S MAIDEN NAME Freeda LaGrand
14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
17. INFORMANT parents	Address Mr. and Mrs. Jay Tyndall-416 S. Tom
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Crushed Skull	
DUE TO (b) Car Accident	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) The car was traveling at an excessive rate of	
20c. TIME OF INJURY 12:45 p.m.	Month, Day, Year 11-24-62
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 96
20f. CITY, TOWN, OR LOCATION 7 miles north of Joplin COUNTY Jasper STATE Mo.	
21. I attended the deceased from did not , to _____ and last saw her him alive on _____ Death occurred at 12:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>[Signature]</i> (Degree or title) Coroner	22b. ADDRESS 508 Frisco Building-Joplin, Mo.
22c. DATE SIGNED 11-24-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-28-62
23c. NAME OF CEMETERY OR CREMATORY Friends Cemetery	
23d. LOCATION (City, town, or county) (State) Purcell, Mo.	
24. FUNERAL DIRECTOR Johnston-Simpson, Webb City, Mo.	25. DATE RECD. BY LOCAL REG. 11-27-1962
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

VS 300 Rev. 4/59
10499
30495
3
4 0
5 0
6
7 0
8 -2
9 X
10
11049
1292-3
132-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

MAR 29 1963

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 C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City, 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.