

THE DIVISION OF HEALTH OF MISSOURI
 FILED JUN 29 1949 STANDARD CERTIFICATE OF DEATH

State File No. **20626**

BIRTH NO. _____ REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **3052** Registrar's No. **52**

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray	
b. CITY OR TOWN Richmond		c. CITY OR TOWN Richmond	
d. FULL NAME OF HOSPITAL OR INSTITUTION North Whitmer Street		d. STREET ADDRESS (If rural, give location) North Whitmer	

3. NAME OF DECEASED (Type or Print): a. (First) Marian b. (Middle) Charlotte c. (Last) Tinsley			4. DATE OF DEATH (Month) (Day) (Year) June 13 1949		
5. SEX Female		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH March 5, 1908		9. AGE (In years last birthday) 41		10. UNDER 1 YEAR: Months 3 Days 8	
11. BIRTHPLACE (State or foreign country) Carrollton, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME Charles Carter		13b. MOTHER'S MAIDEN NAME Mabel Triggers		14. NAME OF HUSBAND OR WIFE Ossie Tinsley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Ossie Tinsley - Richmond, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH acute
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute Dilatation		ANTECEDENT CAUSES			434
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____			
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **6-13-1949** to **6-13-1949** that I last saw the deceased alive on **6-13-1949** and that death occurred at **Richmond, Mo.**, from the cause and on the date stated above.

23a. SIGNATURE G. O. J. [Signature]		23b. ADDRESS Richmond		23c. DATE SIGNED 6-17-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 15, 1949		24c. NAME OF CEMETERY OR CREMATORY Sunny Slope	
24d. LOCATION (City, town, or county) Richmond, Mo.		24e. DATE REC'D BY LOCAL REG. June 19-1949		24f. REGISTRAR'S SIGNATURE Mabel Jackson	

25. FUNERAL DIRECTOR'S SIGNATURE Thomas J. Carter		ADDRESS Richmond, Mo.	
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(Licensed Embalmer's Statement on Reversal Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300
48

RECEIVED JUN 28

District Health Officer No. 8,

District File Number

Date Filed 6-29-49

JUL 28 1949

DEC 29 1958

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.

Signed Thomas J. Carter

Signed _____
Student Embalmer

Licensed Embalmer No. 4474

P. O. Address Richmond

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.