No. 300
10.46

35
0

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26558
State File No.

FILED SEP 9 1949

BIRTH NO. REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 5422 Registrar's No. 107

1. PLACE OF DEATH
a. COUNTY: DUNKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Independence Twp
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 8-Mi. South of Kennett

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: Dunklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Independence Twp
d. STREET ADDRESS (If rural, give location): 8-Mi So. Kennett

3. NAME OF DECEASED (Type or Print): a. (First) Billie b. (Middle) Russell c. (Last) Tinker
4. DATE OF DEATH (Month) (Day) (Year): Aug - 26 - 1949
5. SEX: M
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 19 - 1922
9. AGE (In years last birthday): 26 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Greenville, Mo
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Bruce A. Tinker
13b. MOTHER'S MAIDEN NAME: Virginia Walker
14. NAME OF HUSBAND OR WIFE: Melba Jones Tinker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: Bruce A. Tinker - Kennett Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Killed by Gunshot Wound — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) in the Hands of
DUE TO (c) Sherrill Lee Mosely

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

E981X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Indpendence Dunklin, Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8 - 26 - 49 - 12-30 P.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? S

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:30 a.m., from the causes and on the date stated above.*

23a. SIGNATURE: Walter A. Hawkins
(Degree or title): Coronar
23b. ADDRESS: Kennett, Mo
23c. DATE SIGNED: 8-30-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/29-49
24c. NAME OF CEMETERY OR CREMATORY: Oak Ridge
24d. LOCATION (City, town, or county) (State): Kennett, Mo

DATE REC'D BY LOCAL REG.: 8-30-1949
REGISTRAR'S SIGNATURE: Carl Hughes
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Paul Bahman Kennett Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED SEP 6 19
District Health Office No. 2
District File Number 949-875
Date Filed

MAY 10 1954

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 .....
Student Embalmer

Signed [signature]

Licensed Embalmer No. 2556-

P. O. Address Kennett, 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 this body is not embalmed, fact should be so stated above.