

FILED JAN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40853

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1171

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2401 Boonville</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Jefferson</u> c. (Last) <u>Tindall</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 31 1949</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct 9th 1878</u>	9. AGE (In years last birthday) <u>71</u>	10. F UNDER 1 YEAR <u>2</u>	11. F UNDER 1 YEAR <u>22</u>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Butcher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Butcher</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Alexander Tindall</u>		13b. MOTHER'S MAIDEN NAME <u>Lebia Bailey</u>		14. NAME OF HUSBAND OR WIFE <u>Cordia Tindall</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Cordia Tindall 2401 Boonville SPGFLD.</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral accident hem-orrhage and myocardial infarction</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>arteriosclerosis cerebral.</u> DUE TO (c) <u>Senescent arteriosclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u> <u>unknown</u> <u>"</u>	
19a. DATE OF OPERATION		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Stenocardia</u>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Springfield, Greene, Mo</u>		

21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Springfield, Greene, Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>331X</u>	
22. I hereby certify that I attended the deceased from <u>Dec 20</u> , 19 <u>49</u> , to <u>Dec 31</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Dec 30</u> , 19 <u>49</u> , and that death occurred at <u>12:30 a.m.</u> , from the causes and on the date stated above.							

23a. SIGNATURE (Degree or title) <u>W. P. Campbell</u>			23b. ADDRESS <u>609 Cherry St.</u>			23c. DATE SIGNED <u>Jan 3 50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-5-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hazelwood</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>1-3-50</u>		REGISTRAR'S SIGNATURE <u>W. P. Campbell</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. P. Campbell 825 Washington</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 W.P. Campbell.....

Licensed Embalmer No. 1747.....

P. O. Address Springfield 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.