

FILED JUN 9 1950

STANDARD CERTIFICATE OF DEATH

State File No. 17648

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

|   |  |   |  |  |  |   |  |
|---|--|---|--|--|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>257</u>   |  | PRIMARY REG. DIST. NO. <u>5880</u>   |  | Registrar's No. <u>16</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>OSAGE</u>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>MO</u> b. COUNTY <u>OSAGE</u> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>LINN -Rural Crawford</u>   |  | c. LENGTH OF STAY (In this place)<br><u>LIFE</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>LINN Rural MO Crawford Twp.</u>                 |  | d. STREET ADDRESS (If rural, give location)<br><u>2782</u>                          |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION   |  |   |  | 3. NAME OF DECEASED<br>a. (First) <u>CORDELIA</u> b. (Middle) _____ c. (Last) <u>TENNYSON</u>                                      |  |   |  |
| 4. DATE OF DEATH<br>(Type or Print) <u>MAY 25-1950</u>  |  | 5. SEX <u>Female</u>  |  | 6. COLOR OR RACE <u>White</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>               |  |
| 8. DATE OF BIRTH <u>Dec. 7-1875</u>   |  | 9. AGE (In years last birthday) <u>74</u>   |  | IF UNDER 1 YEAR <u>5</u> Months <u>18</u> Days   |  | IF UNDER 6 Mths. _____ Hours _____ Mins.  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>usual H. duties</u>   |  | 11. BIRTHPLACE (State or foreign country)<br><u>Mokane Mo</u>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A</u>  |  |
| 13a. FATHER'S NAME<br><u>Mark Putman</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Malissa Straw</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Thomas Tennyson</u>  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  |  | 16. SOCIAL SECURITY NO.   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mrs Chester Stewart Linn Mo</u>  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.                               |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>                         |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>72 hrs</u>                                   |  |
|   |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.               |  | DUE TO (b) <u>Cerebral Hemorrhage</u>  |  | <u>14 days</u>  |  |
|   |  |   |  | DUE TO (c) <u>Cerebral Arteriosclerosis</u>  |  | <u>12 yrs</u>   |  |
|   |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  | <u>331x</u>   |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |  |  |  | 20. AUTOPSY?<br>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 <u>May 12, 1950</u> , to <u>May 25, 1950</u> , that I last saw the deceased alive on <u>May 25, 1950</u> , and that death occurred at <u>5:40 P.m.</u> , from the causes and on the date stated above. |  |   |  |  |  |   |  |
| 23a. SIGNATURE <u>Norman W. Baldwin D.O.</u> (Degree or title)  |  |   |  | 23b. ADDRESS <u>Linn</u>   |  | 23c. DATE SIGNED <u>5-26-50</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>May 27 1950</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Judge Cemetery</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>Judge Mo</u>                       |  |
| DATE REC'D BY LOCAL REG. <u>May 30-1950</u>   |  | REGISTRAR'S SIGNATURE <u>235</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clayton W. Linn</u>  |  |   |  |

RECEIVED JUN 6 1960  
District Health Officer No. 9,  
District File Number

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Vernon M. Maston

Licensed Embalmer No. 4125

P. O. Address Linn, 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.