No. 300
10.48

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FILED MAY 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12020

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 51

1. PLACE OF DEATH
a. COUNTY: Cooper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boonville
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at Home 1209 Main St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cooper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boonville 0272
d. STREET ADDRESS (If rural, give location): 1209 Main St. 0

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) Tindall c. (Last) Shirley
4. DATE OF DEATH: (Month) April (Day) 30 (Year) 1951.
5. SEX: Female 3
6. COLOR OR RACE: Black
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: December 4th 1878
9. AGE (In years last birthday): 72 | 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Cooper County, Missouri. 0
12. CITIZEN OF WHAT COUNTRY? USA.
13a. FATHER'S NAME: Frank Tindall
13b. MOTHER'S MAIDEN NAME: Laura Golden
14. NAME OF HUSBAND OR WIFE: Albert Shirley
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'S SIGNATURE OR NAME — ADDRESS: Albert Shirley, Boonville, Missouri.

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) CHRONIC MYOCARDITIS — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

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 4222
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* DEC. 24, 1949, *to* APRIL 30 1951, *that I last saw the deceased alive on* APRIL 28, 1951, *and that death occurred at* 2 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. C. Tincher (Degree or title) M.D.
23b. ADDRESS: Boonville, Mo.
23c. DATE SIGNED: May 2 1951.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: May 3rd 1951
24c. NAME OF CEMETERY OR CREMATORY: Clarks Fork
24d. LOCATION (City, town, or county) (State): Cooper County, Missouri.

DATE REC'D BY LOCAL REG.: 5-3-51
REGISTRAR'S SIGNATURE: D. E. Hooper 381 0
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Goodman & Boller, Boonville, Missouri.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-8-51
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 5-8-51

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 G. F. Goller

Signed
Student Embalmer

Licensed Embalmer No. 3062

P. O. Address Boonville, 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.