

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23778

BIRTH NO. REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 4329 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, write RURAL and give township) Wyatt		c. CITY (If outside corporate limits, write RURAL and give township) Wyatt	
c. LENGTH OF STAY (In this place) 7 Years		d. STREET ADDRESS (If rural, give location) Wyatt, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, Wyatt, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) Josie b. (Middle) Caledonia c. (Last) Tines			4. DATE OF DEATH (Month) (Day) (Year) June, 28, 1951		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March, 6, 1877		9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hour Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY House Wife		11. BIRTHPLACE (State or foreign country) Carroll County, Tenn.				12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Brown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Will P. Tines			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Will P. Hines, Wyatt, Mo.				ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Stasis</p> <p>ANTECEDENT CAUSES</p> <p><i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i></p> <p>DUE TO (b) Volvulus</p> <p>DUE TO (c)</p> <p>II. OTHER SIGNIFICANT CONDITIONS Chronic valvular heart disease with Myocardiosis.</p> <p><i>Conditions contributing to the death but not related to the disease or condition causing death.</i></p>								1 day	
								6 yrs.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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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)			
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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?			
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22. I hereby certify that I attended the deceased from , 1945, to June 28, 1951, that I last saw the deceased alive on June 28, 1951, and that death occurred at 3:00A m., from the causes and on the date stated above.

23a. SIGNATURE <i>T. P. Fenton D.O.</i>		(Degree or title)		23b. ADDRESS T. P. Fenton, D. O. Wyatt, Missouri		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6/28/1951		24c. NAME OF CEMETERY OR CREMATORY Hampton Cemetery		24d. LOCATION (City, town, or county) (State) Huntington, Tennessee	
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DATE REC'D BY LOCAL REG. <i>July 11, 1951</i>		REGISTRAR'S SIGNATURE <i>Wm. H. Hildegarde</i>		439		25. FUNERAL DIRECTOR'S SIGNATURE <i>Wm. H. Hildegarde</i>		ADDRESS Numeelee Funeral Chapel, Charleston, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

670

JUL 13 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed JUL 13 1951

1951 BY T.O.C.

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 Edward E. Fumelle

Signed.....
Student Embalmer

Licensed Embalmer No. 4164

P. O. Address Charleston, 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.