No. 300
10.48

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

FILED DEC 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40901

BIRTH NO. 51966-51 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 404

1. PLACE OF DEATH
a. COUNTY: CAPE GIRARDEAU
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CAPE GIRARDEAU
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CAPE OSTEOPATHIC HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MADISON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FREDERICKTOWN D621
d. STREET ADDRESS (If rural, give location): 1

3. NAME OF DECEASED (Type or Print): a. (First) DALE b. (Middle) LADON c. (Last) TINSLEY

4. DATE OF DEATH (Month) (Day) (Year): DEC. 9, 1951

5. SEX: Male
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): INFANT
8. DATE OF BIRTH: AUG. 21, 1951
9. AGE (In years last birthday): —; IF UNDER 1 YEAR: Months 3, Days 18; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Iron County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: B.L. TINSLEY
13b. MOTHER'S MAIDEN NAME: MARY LOUISE KINNEY
14. NAME OF HUSBAND OR WIFE: —

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: B.L. TINSLEY ADDRESS: Fredericktown, 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) Lobar Pneumonia — 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) Aortic Coarctation - Congenital
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: 490 X
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* Nov. 26, 1951, *to* Dec. 9, 1951, *that I last saw the deceased alive on* Dec. 9, 1951, *and that death occurred at* 1:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. Newell (Degree or title) D.O.
23b. ADDRESS: 28 S. Spanish Cape Girardeau
23c. DATE SIGNED: Dec 14, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify): B
24b. DATE: 12-11-51
24c. NAME OF CEMETERY OR CREMATORY: Antioch Cemetery
24d. LOCATION (City, town, or county) (State): Madison County, Mo.

DATE REC'D BY LOCAL REG.: 12-16-51
REGISTRAR'S SIGNATURE: C. C. Summers 440
25. FUNERAL DIRECTOR'S SIGNATURE: L. V. Adamson ADDRESS: Fredericktown, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

DEC 26 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.