

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14851**
Registrar's No. **3523**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood, Mo.	
c. LENGTH OF STAY (In this place) 2 weeks		d. STREET ADDRESS (If rural, give location) 337 Caroline avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital			

3. NAME OF DECEASED (Type or Print) CLAY			4. DATE OF DEATH (Month) (Day) (Year) 4-12-52		
a. (First)	b. (Middle)	c. (Last)	5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
		TINKER	8. DATE OF BIRTH 2-20-1901	9. AGE (In years last birthday) 51	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter
			11. BIRTHPLACE (City and State or Foreign Country) Williamsville, Mo.	12. CITIZEN OF WHAT COUNTRY? USA	10b. KIND OF BUSINESS/OR INDUSTRY

13a. FATHER'S NAME William Tinker	13b. MOTHER'S MAIDEN NAME Martha Inman	14. NAME OF HUSBAND OR WIFE Maye Tinker
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. 486-14-7700	17. INFORMANT'S SIGNATURE OR NAME Maye Tinker, Kirkwood, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Non-traumatic (arterial) fibrillary fibrillation		Non-traumatic (arterial) fibrillary fibrillation		1 hr
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		5 yrs
DUE TO (b) Chr. Inflammation		DUE TO (c) cardio-arteriosclerotic vascular disease		10 yrs
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE	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) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4221

22. I hereby certify that I attended the deceased from **10 Mar, 1952**, to **12 Apr, 1952**, that I last saw the deceased alive on **12 Apr, 1952**, and that death occurred at **11 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Richard H. May, M.D. (Degree or title)	23b. ADDRESS 5935 S. S. Highway 1 Ave	23c. DATE SIGNED 12 Apr 52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-13-52	24c. NAME OF CEMETERY OR CREMATORY Poplar Bluff, Mo.
24d. LOCATION (City, town, or county) (State)	24e. NAME OF CEMETERY OR CREMATORY	24f. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. APR 15 1952	REGISTRAR'S SIGNATURE Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Greer-Croy-Fitch, Poplar Bluff, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

V E Morris

Licensed Embalmer No. 3360

P. O. Address St Louis, 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.