No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31318

FILED SEP 22 1953

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 5301 Registrar's No. 81

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

1. PLACE OF DEATH
a. COUNTY: Clinton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Shoal
c. LENGTH OF STAY (In this place): 37 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1½ miles East of Cameron.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clinton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Shoal 0250
d. STREET ADDRESS (If rural, give location): 1½ miles East of Cameron.

3. NAME OF DECEASED (Type or Print)
a. (First): Vuna
b. (Middle): (ford)
c. (Last): Tindall

4. DATE OF DEATH (Month) (Day) (Year): Sept. 14 53

5. SEX: f 1
6. COLOR OR RACE: w
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 29 1898
9. AGE (In years last birthday): 55 — 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): House wife.
10b. KIND OF BUSINESS OR INDUSTRY: House wife.
11. BIRTHPLACE (City and State or Foreign Country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: C-E. ford.
13b. MOTHER'S MAIDEN NAME: Ivy Gowdy
14. NAME OF HUSBAND OR WIFE: Harley Tindall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO.
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Harley Tindall — ADDRESS: Cameron Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Breast — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): metastatic Carcinoma
DUE TO (c): Lungs

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: 170 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* June, 1953, *to* 9-14, 1953, *that I last saw the deceased alive on* 9-13, 1953, *and that death occurred at* 12:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: Cameron, Mo.
23c. DATE SIGNED: 9-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-16-53
24c. NAME OF CEMETERY OR CREMATORY: Graceland
24d. LOCATION (City, town, or county) (State): Cameron Mo

DATE REC'D BY LOCAL REG.: 9-18-53
REGISTRAR'S SIGNATURE: Winifred W. Moser 340
25. FUNERAL DIRECTOR'S SIGNATURE: Poland Funeral Home — Cameron Mo. R F Poland.

(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 Robert F Poland

Licensed Embalmer No. 4777 3 #8

P. O.-Address 222 Cameron 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.