

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2334**

FILED JAN 28 1954  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **10**

1. PLACE OF DEATH a. COUNTY <b>Pike</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Pike</b>	
b. CITY OR TOWN <b>Louisiana</b>		c. CITY OR TOWN <b>Crown-TOWNSHIP</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pike County Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Rural</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Lou Ella</b> b. (Middle) <b>Tinker</b> c. (Last) <b>Tinker</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1 - 17 - 1954</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>1-14-1883</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 YEAR Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Fred Richards</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah F. Steffy</b>	14. NAME OF HUSBAND OR WIFE <b>J. Edwin Tinker</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Minnie Michie - Bowling Green Mo.</b> ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Cervix</b>		
	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 <b>11-23-53</b>	19b. MAJOR FINDINGS OF OPERATION <b>Biopsy - Carcinoma of Cervix 171x</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **11-21 1953**, to **1-17 1954**, that I last saw the deceased alive on **1-17 1954**, and that death occurred at **5:00 p.m.**, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <b>O. M. R.</b>	23b. ADDRESS <b>Louisiana, Missouri</b>	23c. DATE SIGNED <b>1-18-54</b>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>burial</b>	24b. DATE <b>1-20-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>City</b>	24d. LOCATION (City, town, or county) (State) <b>Bowling Green Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Jan 20 1954</b>	REGISTRAR'S SIGNATURE <b>Bernice Callier</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>H. B. Elmore</b> ADDRESS <b>Bowling Green Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 19 1955

**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 \_\_\_\_\_

*W. B. E. Moore*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3466*

P. O. Address *Bowling Green W.*

**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.