

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **3642**

FILED FEB 9 1954

BIRTH NO. _____ REG. DIST. NO. **3240** PRIMARY REG. DIST. NO. **6093** Registrar's No. **19**

1. PLACE OF DEATH a. COUNTY Saline 0972		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Flat River, Mo. 0942	
c. LENGTH OF STAY (in this place) 12 1/2 days		d. STREET ADDRESS (If rural, give location) Flat River, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. State School Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Dewey b. (Middle) Lee c. (Last) TINKER			4. DATE OF DEATH (Month) (Day) (Year) Jan. 27 1954			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH April 12, 1928	9. AGE (In years last birthday) 25	IF UNDER 1 YEAR Days 9	IF UNDER 1 HR. Hours Min. 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Piedmont Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Truman Franklin Tinker	13b. MOTHER'S MAIDEN NAME Hazel Lucy Hutchings	14. NAME OF HUSBAND OR WIFE
--	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME State School Records	ADDRESS Marshall, 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, asphyxia, 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) Bronchopneumonia		2 days
	ANTECEDENT CAUSES DUE TO (b) Capillary bronchitis DUE TO (c) Epilepsy		1 week
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			12 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	---

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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from **Jan. 27, 1954**, to **Jan 27, 1954**, that I last saw the deceased alive on **Jan 27, 1954**, and that death occurred at **12:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) O. Virgil E. Shade M.D.	23b. ADDRESS Missouri State School	23c. DATE SIGNED Jan 27, 1954
---	---	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 29, 1954	24c. NAME OF CEMETERY OR CREMATORY Ridge Park cemetery	24d. LOCATION (City, town, or county) (State) Marshall, Missouri,
---	--------------------------------	---	--

DATE REC'D BY LOCAL REG. 1-27-1954	REGISTRAR'S SIGNATURE Frederick T. Gray	25. FUNERAL DIRECTOR'S SIGNATURE Campbell-Lewis	ADDRESS MARSHALL, Mo.
---	--	--	------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

James H. Lewis Jr.

Licensed Embalmer No. _____

4709

P. O. Address _____

Marshall, 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.