

No. 3000
No. 48

FILED MAY 26 1954
STANDARD CERTIFICATE OF DEATH
State File No. 16376

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 223

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. CITY OR TOWN Joplin	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) D. O. A.		e. STREET ADDRESS (If rural, give location) RURAL Rt.#4 Box 52	
d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital		f. 730	
3. NAME OF DECEASED (Type or Print) a. (First) Boyd °		b. (Middle) Tyndall	
c. (Last) Tyndall		4. DATE OF DEATH (Month) (Day) (Year) 5-14-1954	
5. SEX <input checked="" type="checkbox"/> Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-27-1887
9. AGE (In years) last birthday 66		IF UNDER 1 YEAR Months	IF UNDER 2 WEEKS Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Mining	11. BIRTHPLACE (City and State or Foreign Country) Aurora, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S.			
13a. FATHER'S NAME William Tyndall		13b. MOTHER'S MAIDEN NAME Ella Mitchell	
14. NAME OF HUSBAND OR WIFE Esther			
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		ADDRESS	
Esther Tyndall		Rt.#4, Box 52 Joplin, 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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Tuberculosis		INTERVAL BETWEEN ONSET AND DEATH 11-29-52	
DUE TO (c)		10 yrs. Duration	
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	
		002 X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 10/25/1952, to 5/14/54, that I last saw the deceased alive on 5/14/1954, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Name as title)		23b. ADDRESS	
[Signature]		321 Frisco Building, Joplin, Mo.	
23c. DATE SIGNED		5/15/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-18-1954	
24c. NAME OF CEMETERY OR CREMATORY Jackson Cemetery		24d. LOCATION (City, town, or county) (State) Joplin Mo.	
DATE REC'D BY LOCAL REG. 5-20-54		REGISTRAR'S SIGNATURE 138	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
[Signature]		Joplin, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 24 19
Jasper County Health Office
County File Number 54-5-3
Date Filed MAY 24 19

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
Signature of Student Embalmer

Signed *Louis A. Stomberg*

Licensed Embalmer No. 359

P. O. Address *Joplin, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.