

No. 300
10.48

FILED JUN 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21748

State File No.

BIRTH NO. _____ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 4482 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>SCOTLAND</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTLAND</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEMPHIS</u>		c. LENGTH OF STAY (In this place) <u>40 YRS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY OR TOWN <u>MEMPHIS</u>	
		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>0990</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>KATE</u> b. (Middle) <u>BELLE</u> c. (Last) <u>TINNEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 24 1954</u>		
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5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>2-18-1876</u>		9. AGE (In years last birthday) <u>78</u>		# UNDER 1 YEAR		# UNDER 1 MIN.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE KEEPING</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>VOORHEIS ILL</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
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13a. FATHER'S NAME <u>JOHN BAIRD</u>			13b. MOTHER'S MAIDEN NAME <u>ELIZA ANDERSON</u>			14. NAME OF HUSBAND OR WIFE <u>PEARL TINNEY</u>		
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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) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alfred Tinney</u>		ADDRESS <u>MEMPHIS</u>	
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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) <u>Chronic Myocarditis</u>		DUPLICATE OF (b) <u>Arteriosclerosis</u>						<u>7 yrs</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c)						<u>10 yrs</u>	
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 <u>4221</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 June 21, 1954 to June 24, 1954 that I last saw the deceased alive on June 24, 1954 and that death occurred at 4 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Anna Keethler M.D.</u>		23b. ADDRESS <u>Memphis Mo 6-25-54</u>		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-26-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMPHIS</u>		24d. LOCATION (City, town, or county) (State) <u>MEMPHIS Mo</u>	
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DATE REC'D BY LOCAL REG. <u>6/25/54</u>		REGISTRAR'S SIGNATURE <u>Gene G. Turner</u>		476		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. W. Payne & Sons</u>		ADDRESS <u>MEMPHIS</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

JUL 8

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 *Neal Payne*.....

Licensed Embalmer No. *255*.....

P. O. Address *Memphis*.....

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.