

FILED SEP 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31269

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 5779 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - FRANKLIN</u>		c. LENGTH OF STAY (in this place) <u>8 weeks</u>	c. CITY OR TOWN <u>BRUMLEY</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 mi - W - ELDON</u>		d. STREET ADDRESS (If rural, give location) <u>1/4 mi - W - BRUMLEY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or Print)	(First) <u>JSSAC</u>	(Middle) <u>WHALEY</u>	(Last) <u>TINSLEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept - 7 - 1954</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>27 JAN 1861</u>	9. AGE (In years) (Last birthday) <u>93</u>	10. IF UNDER 1 YEAR Months _____	11. IF UNDER 24 HRS. Hours _____	12. IF UNDER 60 MIN. Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired - FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Gen-Farming</u>	11. BIRTH PLACE (City and State or Foreign Country) <u>Miller-Co - Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JSSAC - S - TINSLEY</u>	13b. MOTHER'S M maiden NAME <u>HARRIOTT - DAVIS</u>	14. NAME OF HUSBAND OR WIFE <u>MARTHA - TINSLEY</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>MARTHA - TINSLEY</u>	ADDRESS <u>BRUMLEY Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 DAYS</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HYPOSTATIC PNEUMONIA</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CONGESTIVE HEART FAILURE</u> DUE TO (c) <u>MYOCARDITIS</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>5 MONTHS</u> <u>2 YRS.</u>	

19a. DATE OF OPERATION <u>NONE</u>	19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NONE</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>NONE</u>
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22. I hereby certify that I attended the deceased from 4-1, 1954 to 9-7, 1954, that I last saw the deceased alive on 9-7, 1954, and that death occurred at 7:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. S. Humphreys, D.O.</u>	23b. ADDRESS <u>Tusculumbia - Mo.</u>	23c. DATE SIGNED <u>8 Sept 54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10 Sept 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Gott</u>	24d. LOCATION (City, town, or county) (State) <u>MILLER-Co - Mo</u>
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DATE REC'D BY LOCAL REG. <u>9/8/54</u>	REGISTRAR'S SIGNATURE <u>Ann Bruner 1920</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith M. Faye</u>	ADDRESS <u>ELDON Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0660

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.....
Keith M. Faye

Licensed Embalmer No. *3998*

P. O. Address *Eldon*

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.