

FILED OCT 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33810

State File No.

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 4248 Registrar's No. 162

5490
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sarcosie</u>	c. LENGTH OF STAY (In this place) <u>4 yrs</u>	c. CITY OR TOWN <u>Sarcosie</u>	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Felling Station Sarcosie</u>		e. STREET ADDRESS (If rural, give location) <u>Mo</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Cecilia</u> b. (Middle) <u>Erdist</u> c. (Last) <u>TINKLE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-8-55</u>		
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>SEPT 25-1902</u>	9. AGE (In years last birthday) <u>53</u> If under 1 year: Months _____ Days _____ If under 24 hrs: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FOREMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SHOE MFG</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MILWAUKEE IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John TINKLE</u>	13b. MOTHER'S MAIDEN NAME <u>EMMA</u>	14. NAME OF HUSBAND OR WIFE <u>RUTHER KATHERINE TINKLE</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> <u>NO</u>	16. SOCIAL SECURITY NO. <u>486-03-9104</u>	17. INFORMANT'S SIGNATURE OR NAME <u>KATHERINE TINKLE</u>	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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Coronary Thrombosis</u>		
	DUE TO (c) <u>H2O1</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	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)	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 11-31-1954, to 11-31-1954, that I last saw the deceased alive on 11-31-54, and that death occurred at 7:30 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>J.R. Nordstrom</u>	(Degree or title)	23b. ADDRESS <u>20 Sarcosie, Mo</u>	23c. DATE SIGNED <u>10-8-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10/19/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MAPLE PARK</u>	24d. LOCATION (City, town, or county) (State) <u>Aurora MO</u>
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DATE REC'D BY LOCAL REG. <u>10-8-55</u>	REGISTRAR'S SIGNATURE <u>W. Blunt</u>	1390	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul J. Marsh</u>	ADDRESS <u>Aurora MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

Date Filed OCT 17 1955
Number 23-10-689

23-10-689

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 Myself, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed Dean L. Mars

Licensed Embalmer No. 381

P. O. Address Prova

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.