

FILED OCT 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34441**

BIRTH NO. _____ REG. DIST. NO. **301** PRIMARY REG. DIST. NO. **4450** Registrar's No. **569**

1. PLACE OF DEATH a. COUNTY RIPLEY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY RIPLEY	
b. CITY (If outside corporate limits, write RURAL and give township) DONIPHAN	c. LENGTH OF STAY (In this place) 2 DAYS	c. CITY OR TOWN DONIPHAN	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION COMMUNITY HOSPITAL		e. STREET ADDRESS (If rural, give location) 104 BROOKS ST.	

3. NAME OF DECEASED (Type or Print) LUTHER PAUL TINSLEY	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Oct. 7, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1891 Oct. 31 - 1955	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months 11 Days 6	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) PHARMACIST	10b. KIND OF BUSINESS OR INDUSTRY DRUG	11. BIRTHPLACE (City and State or Foreign Country) HOUSTON - MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME WILLIAM P. TINSLEY	13b. MOTHER'S MAIDEN NAME MATTIE SEARS	14. NAME OF HUSBAND OR WIFE ETNA TINSLEY
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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) No	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME MRS ETNA TINSLEY - DONIPHAN, MO	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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 days 5 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarct ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) m.	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 **Jan 1948**, to **Oct 7, 1955**, that I last saw the deceased alive on **Oct 7, 1955**, and that death occurred at **10:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Frank Johnson	(Degree or title) MD	23b. ADDRESS Doniphan Mo	23c. DATE SIGNED 10-12-55
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Oct. 10 1955	24c. NAME OF CEMETERY OR CREMATORY DONIPHAN CEM.	24d. LOCATION (City, town, or county) (State) DONIPHAN - MO.
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DATE REC'D BY LOCAL REG. 10-18-55	REGISTRAR'S SIGNATURE Ed Johnson 277	25. FUNERAL DIRECTOR'S SIGNATURE Edwards FUNERAL HOME	ADDRESS DONIPHAN - MO.
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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.....
Signature of Student Embalmer

Signed *Gene H. Parent*

Licensed Embalmer No. *480*

P. O. Address *Douglas*

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.