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FILED DEC 30 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39827

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5143 Registrar's No. 64

1. PLACE OF DEATH  
a. COUNTY Butler  
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Poplar Bluff Twp.  
c. LENGTH OF STAY (in this place township) 1 week  
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Goodwill Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri  
b. COUNTY Wayne  
c. CITY OR TOWN Piedmont  
d. Is Residence within limits of a city or incorporated town? Yes  No   
e. STREET ADDRESS (If rural, give location) 1101

3. NAME OF DECEASED  
a. (First) Ernest  
b. (Middle) \_\_\_\_\_  
c. (Last) Tindall

4. DATE OF DEATH (Month) (Day) (Year)  
Dec. 17, 1955

5. SEX Male  
6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH Oct. 23, 1886

9. AGE (In years last birthday) 69  
If UNDER 1 YEAR: Months 1 Days 17  
If UNDER 6 HRS. Hours    Min.   

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (City and State or Foreign Country) Ironton, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Ruth Tindall

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE XX

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Zimri Clark Piedmont, 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Left lung Pneumonia.  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
493X

INTERVAL BETWEEN ONSET AND DEATH  
24 HOURS

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES  NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DECE 16 55, to Dec. 17, 1955, that I last saw the deceased alive on Dec. 16, 1955, and that death occurred at 2 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. James M. D.

23b. ADDRESS Piedmont, Mo.

23c. DATE SIGNED 12/19/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Dec. 19, 1955

24c. NAME OF CEMETERY OR CREMATORY Sparks Cem.

24d. LOCATION (City, town, or county) (State) Piedmont, Mo.

DATE REC'D BY LOCAL REG. 12/23/55

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Norman W. Gish Piedmont, Mo.

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

RECEIVED  
DEC 28 1955  
BUTLER CO. HEALTH CEN  
FILE No. \_\_\_\_\_

DEC 30 1955

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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 *Wallace N. Fitch*

Licensed Embalmer No. *385*

P. O. Address *Poplar Bluff*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (1) 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.