

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013999
State File No.

FILED MAY 1 1958

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 302A Registrar's No. 31

045

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

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Fayette, Missouri</u>)	c. LENGTH OF STAY (in days) <u>20</u>	c. CITY OR TOWN <u>Fayette</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 HOSPITAL OR INSTITUTION <u>316 E. Morrison St.</u>		e. STREET ADDRESS (If rural, give location) <u>316 E. Morrison St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MATTIE</u>		b. (Middle)	c. (Last) <u>TINDALL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>APR. 17, 1958</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>4/6/1881</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>11</u>	IF UNDER 12 HRS. Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Boone County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Charles Palmer</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Harvey</u>	14. NAME OF HUSBAND OR WIFE <u>George Tindall</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>Malessia Walker Fayette</u> ADDRESS <u>Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease</u>		<u>wdet.</u>
	DUE TO (c) <u>none</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <u>Natural</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, other building, water)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4200</u>
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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 April 17, 1958, to April 17, 1958, that I last saw the deceased alive on April 17, 1958, and that death occurred at 8A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. G. Shaw, Jr. M.D.</u>	23b. ADDRESS <u>Lee Hospital, Fayette, Mo</u>	23c. DATE SIGNED <u>4-18-58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/19/1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Fayette, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>4-18-58</u>	REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>Edward A. Carr</u> ADDRESS <u>Fayette, Missouri</u>
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(Licensed Embalmer's Statement on Reverse Side)

MAY 21 1958

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, ~~by~~, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ralph A. Carr*.....

Licensed Embalmer No. *334*.....

P. O. Address *Jayette, Va*.....

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.