

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037476

STATE FILE NUMBER

FILED NOV 6 1958 Registration District No. 394 Primary Registration District No. 6026 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Reynolds		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Reynolds	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bunker		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Bunker Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Own Home		Length of stay in lb 3 Wks	d. STREET ADDRESS 5 Mi N of Bunker (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Harce Middle Joe Last Tindell			4. DATE OF DEATH Month Oct Day 25 Year 1958	
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb 19, 1900	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 8 Days 6	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sawmiller		10b. KIND OF BUSINESS OR INDUSTRY Sawmill	11. BIRTHPLACE (City and state or country) Bonne Terre, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Loomis Tindell		13b. MOTHER'S MAIDEN NAME Fannie Campbell		14. NAME OF HUSBAND OR WIFE Ruby Tindell	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If no, give number dates of service) Yes WW I		16. SOCIAL SECURITY NO. 496-14-4647	17. INFORMANT Ruby Tindell, Bunker, Mo		Address
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18. CAUSE OF DEATH (Enter only the top three for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary heart disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Sclerosis coronary vessels DUE TO (c) arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
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20c. TIME OF INJURY Hour 9 a.m. Month, Day, Year					
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Centerville, Mo		COUNTY	STATE
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21. I attended the deceased from **10-25-58 (2 A.M.)** and last saw her alive on **10-25-58 (2 A.M.)**
Death occurred at **9 A.M.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Glenn Newman D. O.		(Degree or title)	22b. ADDRESS Centerville, Mo		22c. DATE SIGNED 10-27-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-27-58	23c. NAME OF CEMETERY OR CREMATORY Centerville Cemetery		23d. LOCATION (City, town, or county) Centerville, Mo		(State)
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24. FUNERAL DIRECTOR Pewitt Funeral Home, Ellington, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. OCT 31 '58	26. REGISTRAR'S SIGNATURE Elma Jarvid	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

NOV 6 1958

APR 8 1959

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 *Chas S. Penitt*

Licensed Embalmer No. *4574*
P. O. Address *Ellington, Tenn*

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.