

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029954

FILED VS. SEP 14 1959

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 103

STATE FILE NUMBER

INDEXED

DOCUMENT

1. PLACE OF DEATH a. COUNTY PERRY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PERRYVILLE		Length of stay in 1b 13 HRS		c. CITY OR TOWN RIVER AUX VASES		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION PERRY COMMEMORIAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ERVIN Middle VERNON Last TINDELL			4. DATE OF DEATH Month AUG Day 23 Year 1959					
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6/21/33	9. AGE (last birthday) 26	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SAW MILL LABORER			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) ST LOUIS MO		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME ERVIN V. TINDELL			13b. MOTHER'S MAIDEN NAME DOROTHY LEDENT			14. NAME OF HUSBAND OR WIFE LORAYNE WORSTALL		
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. 381-32-8124		17. INFORMANT Lorayne Tindell Address Amis and Vance hts			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured Skull DUE TO (b) Multiple fracture DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Caravan of Perry County, Mo PART III. If deceased was female, was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown								
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) TRUCK OVERTURNED				
20c. TIME OF INJURY Hour 8 a.m. p.m. Month, Day, Year 22-1959	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.) 2404 B-STEVEN. Co		20f. CITY, TOWN, OR LOCATION AUX VASES		COUNTY St Louis STATE MO	
21. I attended the deceased from County of Perry to County of Perry and last saw her alive on 930A on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at _____								
22a. SIGNATURE [Signature] (Degree or title) Coroner of Perry County, Mo				22b. ADDRESS Reserve		22c. DATE SIGNED 8/25/59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/25/59	23c. NAME OF CEMETERY OR CREMATORY BOAS CEMETERY		23d. LOCATION (City, town, or county) SABULA		(State) MO	
24. FUNERAL DIRECTOR Sec. Barber & Sons, Genevieve Mo				25. DATE RECD. BY LOCAL REG. 8-25-59		26. REGISTRAR'S SIGNATURE Joe J. Zollner		

BY AFFIDAVIT OF

SEP 14 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

Stanley H. Ripe

Licensed Embalmer No. 4193

P. O. Address St. Louis

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.