

# JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 12 1960

-60-034325

Registration District No. 108 107 Primary Registration District No. 5423 Registrar's No. 3019 17

STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Dunklin</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett</u> Length of stay in lb <u>3 days</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dunklin Co. Memorial</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Dunklin</u> c. CITY OR TOWN <u>Steele</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS <u>P.O. Box 323</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) First <u>William</u> Middle <u>L.</u> Last <u>Tensil</u>			<b>4. DATE OF DEATH</b> Month <u>Aug.</u> Day <u>16,</u> Year <u>1960</u>				
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>12/10/18</u>	<b>9. AGE (last birthday)</b> <u>33</u> <u>76</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>6</u> Hours <u></u> Min. <u></u>		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Tenn.</u>	<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.</u>		
<b>13a. FATHER'S NAME</b> <u>Sam Tansil</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Dolly Warry</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Deceased</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b> <u>495-14-3957</u>		<b>17. INFORMANT</b> Address <u>William Tansil Senath, Mo.</u>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocardial Infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ 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					INTERVAL BETWEEN ONSET AND DEATH <u>IMMEDIATE</u> <u>Unknown</u>		
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)			
<b>20c. TIME OF INJURY</b> Hour _____ Month, Day, Year _____ a.m. _____ p.m.		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			
<b>20f. CITY, TOWN, OR LOCATION</b> _____		<b>20g. COUNTY</b> _____		<b>20h. STATE</b> _____			
<b>21. I attended the deceased from</b> <u>July 1959</u> to <u>Aug 16, 1960</u> and last saw <sup>her</sup> <u>12:35 A</u> on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at <u>Aug 15, 1960</u>							
<b>22a. SIGNATURE</b> (Degree or title) <u>Charles T. McDaniel</u>			<b>22b. ADDRESS</b> <u>Senath, Mo</u>		<b>22c. DATE SIGNED</b> <u>8-20-60</u>		
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>23b. DATE</b> <u>8/17/1960</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Mount Zion</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>Steele, Missouri</u>		
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>McDaniel Funeral Service, Senath</u>			<b>25. DATE RECD. BY LOCAL REG.</b> <u>9-1-60.</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Malcolm T. Douglas</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Terry L. O'herly

Licensed Embalmer No. 4886

P. O. Address Kennett

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.