# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-026340
STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 290

FILED JUL 16 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0168
2 0168 2
3
4 0
5 1
6
7 1
8 2
9 158X
10
11
12 3-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

DOCUMENT BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cape Girardeau — Length of stay in 1b: 55 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: SEMO Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cape Gir.
c. CITY OR TOWN: Cape Girardeau — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 150 S. Lorimier — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Charles Middle: Edgar Last: Tinsley

4. DATE OF DEATH: Month July Day 4 Year 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4-30-1866
9. AGE (last birthday): 96
IF UNDER 1 YEAR / IF UNDER 24 HR: Months | Days | Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Timber Buyer
10b. KIND OF BUSINESS OR INDUSTRY: Lumber
11. BIRTHPLACE (City and state or country): LaSalle, Illinois
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Henry Tinsley
13b. MOTHER'S MAIDEN NAME: Nancy
14. NAME OF HUSBAND OR WIFE: Daisy Stevenson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): ****
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Daisy Tinsley Address: Cape Gir., Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Internal Hemmorhage (Massive) — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) (Probably Malignancy, Messenteric
DUE TO (c) Thrombosis probable).

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Refused

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6/30/62, to 7/4/62 and last saw him alive on 7/4/62
Death occurred at 12:10 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Allen M Estes (Degree or title) MD
22b. ADDRESS: 714 Broadway Cape Girardeau Mo.
22c. DATE SIGNED: 7-9-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-5-1962
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State): Cape Girardeau, Mo.

24. FUNERAL DIRECTOR: Ford & Sons ADDRESS: Cape Girardeau, Mo.
25. DATE REC'D BY LOCAL REG.: 7-9-62
26. REGISTRAR'S SIGNATURE: Irene Easter

(Licensed Embalmer's Statement on Reverse Side)

Taken to Dr. 7-5-62
Picked up - 7-

5245

**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_____ Signed W. J. Ford
Signature of Student Embalmer

Licensed Embalmer No. 5057

P. O. Address Cape Girardeau, Mo.

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.