

FILED JUN 5 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

STATE FILE NUMBER

124

68 0019226

CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUDVS 300
Rev. 1/68Registration District No. 38Primary Registration District No. 3006Registrar's No. 407

| | | | | | | | |
|--|--|--|--|---|--|--|---|
| DECEASED—NAME FIRST MAUDE | | MIDDLE | | LAST TINCHER | | SEX Female | DATE OF DEATH (MONTH, DAY, YEAR) June 2, 1968 |
| RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) White | | AGE—LAST BIRTHDAY (YEARS) 91 | UNDER 1 YEAR MOS. DAYS | UNDER 1 DAY HOURS MIN. | DATE OF BIRTH (MONTH, DAY, YEAR) Dec. 27, 1876 | | COUNTY OF DEATH Boone |
| CITY, TOWN, OR LOCATION OF DEATH Columbia | | INSIDE CITY LIMITS (SPECIFY YES OR NO) yes | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 1018 Rogers Street | | | | |
| STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Missouri | | CITIZEN OF WHAT COUNTRY USA | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed | | SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) | |
| SOCIAL SECURITY NUMBER 193-38-2906 | | USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Music teacher | | KIND OF BUSINESS OR INDUSTRY Elementary school | | | |
| RESIDENCE—STATE Missouri | | COUNTY Boone | CITY, TOWN, OR LOCATION Columbia | INSIDE CITY LIMITS (SPECIFY YES OR NO) No | | STREET AND NUMBER RFD #9 | |
| FATHER—NAME FIRST William | | MIDDLE | LAST Carter | MOTHER—MAIDEN NAME FIRST Zella | | MIDDLE | LAST Fetter |
| INFORMANT—NAME 17a W. I. Tincher | | MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b RFD #9, Columbia, Missouri, 65201 | | | | | |
| PART I. DEATH WAS CAUSED BY: | | [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] | | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 18. IMMEDIATE CAUSE | | (a) Arteriosclerotic Heart Disease | | | | | Several years |
| DUE TO, OR AS A CONSEQUENCE OF: | | (b) | | | | | |
| CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (c), STATING THE UNDERLYING CAUSE LAST | | (c) | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (c) | | AUTOPSY (YES OR NO) 19a | | | | | IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b |
| ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) | DATE OF INJURY (MONTH, DAY, YEAR) | HOUR | HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) | | | | |
| 20a | 20b | 20c | 20d | | | | |
| INJURY AT WORK (SPECIFY YES OR NO) | PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) | LOCATION | (STREET OR R.F.D. NO., CITY OR TOWN, STATE) | | | | |
| 20e | 20f | 20g | 20h | | | | |
| CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM | TO | AND LAST SAW HIM/HER ALIVE ON | I DID/DID NOT VIEW THE BODY AFTER DEATH. | DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. | | | |
| 21a | 21b | 21c | 21d | 21e | | | |
| CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. | | HOUR OF DEATH | THE DECEASED WAS PRONOUNCED DEAD | DATE SIGNED (MONTH, DAY, YEAR) | | | |
| 22a | | 22b | 22c | 22d | | | |
| CERTIFIER—NAME (TYPE OR PRINT) RE JOHNSON, M.D. | | SIGNATURE | DEGREE OF TITLE | DATE SIGNED (MONTH, DAY, YEAR) 6-3-68 | | | |
| 23a | | 23b | 23c | 23d | | | |
| MAILING ADDRESS—CERTIFIER 129 TAYLOR COURT | | CITY OR TOWN COLUMBIA | STATE MO | ZIP 65201 | | | |
| 23a | | 23b | 23c | 23d | | | |
| BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | CEMETERY OR CREMATORY—NAME Pleasant Grove Cem. | | LOCATION Hatton, Missouri | | | | |
| 24a | 24b | | 24c | | | | |
| DATE (MONTH, DAY, YEAR) June 4, 1968 | FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Parker Funeral Service, 22 N. 10th, Columbia, Mo. 65201 | | | | | | |
| 24d | 24e | | 24f | | | | |
| FUNERAL DIRECTOR—SIGNATURE Tom McHarg | REGISTRAR—SIGNATURE Mrs. R.E. Palmer | | DATE RECEIVED BY LOCAL REGISTRAR June 3 1968 | | | | |
| 25a | 25b | | 25c | | | | |

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

DECEASED

PARENTS

CAUSE

CERTIFIER

BU

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

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

Gray A. Brown

Licensed Embalmer No. 5326

P. O. Address

Columbia 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.