

FILED MAR 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8645
845

| | | | | | | | |
|---|--|---|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> | | | |
| b. CITY OR TOWN <u>KANSAS CITY</u> | | c. LENGTH OF STAY (In this place) <u>7 YEARS</u> | | c. CITY OR TOWN <u>KANSAS CITY</u> | | d. STREET ADDRESS (If rural, give location) <u>3604 FOREST AVENUE</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>OSTEOPATHIC HOSPITAL</u> | | | | 3. NAME OF DECEASED a. (First) <u>MIRIAM</u> b. (Middle) <u>LUCINDA</u> c. (Last) <u>TINSLEY</u> | | | |
| 5. SEX <u>FEMALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | | 8. DATE OF BIRTH <u>NOV-1-1886</u> | |
| 9. AGE (In years last birthday) <u>62</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u> | | 9. AGE (In years last birthday) <u>62</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>CHILLICOTHE, MISSOURI</u> | | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |
| 13a. FATHER'S NAME <u>C. O. PURDIN</u> | | 13b. MOTHER'S MAIDEN NAME <u>VIRGINIA BROWN AUBREY</u> | | 14. NAME OF HUSBAND OR WIFE <u>C. TINSLEY</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>490-24-0334</u> | | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>AUBREY C. TINSLEY - 3604 FOREST AVE. KANSAS CITY, MO.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adeno Carcinoma recto - sigmoid area -</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) <u>myocardial insufficiency</u> | | | | MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>Several months</u> | |
| 19a. DATE OF OPERATION <u>2/14/49</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Adeno Carcinoma of recto sigmoid area</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>2/10</u> , 19 <u>49</u> , to <u>2/20</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2/20</u> , 19 <u>49</u> , and that death occurred at <u>6:35 P. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Olaf Coleman</u> (Degree or title) | | | | 23b. ADDRESS <u>929 Bryant Bldg</u> | | 23c. DATE SIGNED <u>2/21/49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | | 24b. DATE <u>FEB 23 1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY | | 24d. LOCATION (City, town, or county) (State) <u>HUMANSVILLE, MISSOURI</u> | |
| DATE REC'D BY LOCAL REG. <u>2-23-49</u> | | REGISTRAR'S SIGNATURE <u>Theraline Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>D.W. Newcomer's Sons 1401 BRUSH CREEK BLVD. KANSAS CITY, MO.</u> | | | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed

Robert Ray

Signed

Student Embalmer

Licensed Embalmer No.

4182

P. O. Address

Kansas City

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 this body is not embalmed, fact should be so stated above.