

FILED AUG 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23260**
3310

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 8150	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wheatley Provident Hospital		d. STREET ADDRESS (If rural, give location) 847 Sanford	

3. NAME OF DECEASED (Type or Print) a. (First) Lula	b. (Middle)	c. (Last) Tinsley	4. DATE OF DEATH (Month) (Day) (Year) 7 30 1951
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5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-2-1892	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Edwardsville, Kansas	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Shedrick Smith	13b. MOTHER'S MAIDEN NAME Anna Jones	14. NAME OF HUSBAND OR WIFE William Tinsley
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME William Tinsley	ADDRESS 847 Sanford K.C. Kansas
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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) gangrene of both legs		INTERVAL BETWEEN ONSET AND DEATH 45!
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) leg		
	DUE TO (c) Sclerosis (arterio-) #5 & ptycemia		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Amputation of Right Leg	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **May 12, 1951**, to **July 30, 1951**, that I last saw the deceased alive on **July 30, 1951**, and that death occurred at **7:55 P. m.** (from the causes and on the date stated above).

23a. SIGNATURE L. V. Miller M.D.	23b. ADDRESS 1211 Paseo K. C. Mo.	23c. DATE SIGNED 7/31/1951
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24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-3-1951	24c. NAME OF CEMETERY OR CREMATORY Westlawn	24d. LOCATION (City, town, or county) (State) Kansas City, Kansas
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DATE REC'D BY LOCAL REG 8-2-51	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Mrs. J. W. Jones	ADDRESS 440 state ave. K. C. Kansas
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

L. V. Miller

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

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Eugene English*

Licensed Embalmer No. *4105*

P. O. Address *440 State Ave*

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.