

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **20700**  
**2494**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Pennsylvania</b> b. COUNTY <b>Allegheny</b>				
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <b>KANSAS CITY</b> )		c. LENGTH OF STAY (in this place) <b>6 DAYS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Pittsburgh</b>		<b>8370</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>709 W. 50TH. ST.</b>				d. STREET ADDRESS (If rural, give location) <b>709 W. 50TH. ST.</b>				
3. NAME OF DECEASED (Type or Print)		a. (First) <b>MILTON</b>		b. (Middle) <b>L.</b>		c. (Last) <b>TIFFANY</b>		
4. DATE OF DEATH		(Month) <b>6</b>		(Day) <b>- 1</b>		(Year) <b>52</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED 3</b>		8. DATE OF BIRTH <b>3-28, 1883</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CITY OF PITTSBURG, PA.</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>PENNSYLVANIA</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>JOHN DEXTER TIFFANY</b>			13b. MOTHER'S MAIDEN NAME <b>RHOADES</b>		14. NAME OF HUSBAND OR WIFE <b>ELEANORE TIFFANY</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>209-07-6850</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MR. BILL MC CORD</b> ADDRESS <b>709 W. 50TH. ST.</b>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>carcinoma, reticular cell, retroperitoneal</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>generalized -</b> DUE TO (c) <b>Pulmonary insufficiency</b>					INTERVAL BETWEEN ONSET AND DEATH <b>n.m.o.</b> <b>1581</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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) m.		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 <b>5-25, 1952</b> , to <b>6-1, 1952</b> , that I last saw the deceased alive on <b>5-31, 1952</b> , and that death occurred at <b>9 p.m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>William L. Mundy MD.</b> (Degree or title)				23b. ADDRESS <b>420 Pres. Bldg.</b>		23c. DATE SIGNED <b>6/2/52</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>6-2-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MIAMI MEMORIAL PARK</b>		24d. LOCATION (City, town, or county) (State) <b>MIAMI, FLORIDA</b>		
DATE REC'D BY LOCAL REG. <b>6-2-52</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>STINE &amp; MC CLURE</b>		ADDRESS <b>KANSAS CITY, MO.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

*Plr Muncipal Vi-  
Prof. Bldg.  
Before 3:00 P.M.*

**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 \_\_\_\_\_

*Gerald Burger*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 4763

P. O. Address Kansas City, 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 this body is not embalmed, fact should be so stated above.