

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27270**

FILED SEP 15 1952

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **931**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2110 South 14th St.		d. STREET ADDRESS (If rural, give location) 2110 South 14th St. D	
3. NAME OF DECEASED (Type or Print) a. (First) Ellen b. (Middle) Cecelia c. (Last) Tinley			4. DATE OF DEATH (Month) (Day) (Year) Aug. 28, 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 11, 1873
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Atchison, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Not Known Flynn		13b. MOTHER'S MAIDEN NAME Not Known	
14. NAME OF HUSBAND OR WIFE James W. Tinley			
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 Mrs Irene Miller ADDRESS St. Joseph, Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Chr. ANTECEDENT CAUSES Pneumonia Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 _____	
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) _____	
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 7/24 , 19 52 , to 8/4 , 19 52 , that I last saw the deceased alive on 8/4 , 19 52 , and that death occurred at 1 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE Frank W. Haden (Degree or title) _____		23b. ADDRESS 620 Francis St.	
23c. DATE SIGNED 8/30/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-2-52	
24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
DATE REC'D BY LOCAL REG. Sept 6, 1952		REGISTRAR'S SIGNATURE Carl C. Casey	
FURNAL DIRECTOR'S SIGNATURE Herman W. Haden		ADDRESS 1802 Union St.	

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.

Student
Student Embalmer

Signed Robert H. Gable _____

Licensed Embalmer No. 3308 _____

P. O. Address St. Joseph, 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.