

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

28411

State File No. _____

FILED AUG 22 1952

BIRTH NO. _____ REG. DIST. NO. 186 PRIMARY REG. DIST. NO. 3026 Registrar's No. 316

1. PLACE OF DEATH a. COUNTY Jackson 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson 14 & 5	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN Independence 0	
c. LENGTH OF STAY (In this place) 68 years		d. STREET ADDRESS (If rural, give location) 207 East Truman Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium			

3. NAME OF DECEASED (Type or Print) a. (First) ADALINE b. (Middle) N. c. (Last) TIGNOR	4. DATE OF DEATH August 9 1952
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5. SEX Female /	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 23, 1872	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Selfemployed	11. BIRTHPLACE (City and State or Foreign Country) Hickman County, Tenn.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Leroy Totty	13b. MOTHER'S MAIDEN NAME Sarah Elizabeth Totty	14. NAME OF HUSBAND OR WIFE Charles L. Tignor
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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 Mrs. Beatrice Gard, Independence, Missouri	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial degeneration		?
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) coronary artery disease DUE TO (c) arteriosclerosis		?
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"/>
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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)	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 Aug 7, 1952, to Aug 9, 1952, that I last saw the deceased alive on Aug 7, 1952, and that death occurred at 7:09 a.m., from the causes and on the date stated above.

23a. SIGNATURE R. J. Gardms (Degree or title)	23b. ADDRESS Independence Mo.	23c. DATE SIGNED 8/9/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 12, 1952	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	24d. LOCATION (City, town, or county) (State) Independence, Missouri.
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DATE REC'D BY LOCAL REG. 8-12-52	REGISTRAR'S SIGNATURE	354 FUNERAL DIRECTOR'S SIGNATURE Geo. C. Carson	ADDRESS Geo. C. Carson Funeral Home, Indep. Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

AUG 19 REC'D

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

Harold E. Woodruff

Licensed Embalmer No. 4609

P. O. Address Shiloh, 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.