

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25196**  
Registrar's No. **3516**

**FILED JUL 28 1953**

BIRTH NO.		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1002</u>	Registrar's No. <u>3516</u>
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>Mrs.</b>	c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>4234 Montgall,</b>		<b>3618</b>
3. NAME OF DECEASED (Type or Print) a. (First) <b>Leo</b> <b>Leo</b>		b. (Middle) <b>Miles</b> <b>Miles</b>	c. (Last) <b>Tangney</b> <b>TANGNEY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 13, 1953</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced 3</b>	8. DATE OF BIRTH <b>October 18, 1899</b>	9. AGE (In years last birthday) <b>53</b> If UNDER 1 YEAR: Months Days If UNDER 4 HRS: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bank Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Banking</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Brown County, Kansas /</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>Jonathon Tangney</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ellen Kelly</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW-2</b>		16. SOCIAL SECURITY NO. <b>499-16-0870</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Official Records, VA Hospital, K.C.Mo.</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>Lymphatic leukemia</b>  ANTECEDENT CAUSES 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.		INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>  <b>2040</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) <b>1:00 p.m.</b>		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>June 12, 1953</b> , to <b>July 13, 1953</b> , <del>and that death occurred at</del> <b>6:00 p.m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <b>Thomas J. Rankin M.D.</b>		23b. ADDRESS <b>VA Hospital, Kansas City, Mo.</b>	23c. DATE SIGNED <b>7/14/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>7/16/53</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>Falls City, Nebr.</b>	
DATE REC'D BY LOCAL REG. <b>7-15-53</b>	REGISTRAR'S SIGNATURE <b>Steadline Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>JOS. A. Butler's Sons K.C. Mo.</b>		

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.....  
Signature of Student Embalmer

Signed *Russell W. Dennis*.....

Licensed Embalmer No. *3462*.....

P. O. Address .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.