

THE DIVISION OF HEALTH OF MISSOURI
FILED JUL 17 1953 STANDARD CERTIFICATE OF DEATH

State File No. 3128
Registrar's No. 1002

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	
c. LENGTH OF STAY (In this place) 4 mos		d. STREET ADDRESS (If rural, give location) 41 2302 PASEO	
d. FULL NAME OF HOSPITAL OR INSTITUTION GEN. HOSP. # 2		3. NAME OF DECEASED a. (First) FRANK b. (Middle) TINDALE c. (Last) TINDALE	
4. DATE OF DEATH (Month) (Day) (Year) 6-14-1953		5. SEX 2 MALE 6. COLOR OR RACE NEGRO 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	
8. DATE OF BIRTH APRIL 16, 1912		9. AGE (In years last birthday) 41 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) PORTER		10b. KIND OF BUSINESS OR INDUSTRY BAR ROOM	
11. BIRTHPLACE (City and State or Foreign Country) BOONEVILLE, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ANTHONY TINDALE		13b. MOTHER'S MAIDEN NAME MAGGIE GIVEN	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MAGGIE ROBINSON 2420 TRACY, K.C. 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Stroke & Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 8 1/2
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (a) Stab wounds chest		
DUE TO (c) Pair of scissors				
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) HOME ACCIDENT		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1202 E 18th		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) N.C. Jackson Mo	
21d. TIME OF INJURY 6/14/53 2:30 PM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Stab wounds	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Print name and title) _____		23b. ADDRESS 1612 E 12th		23c. DATE SIGNED 6/18/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 6-20-1953		24c. NAME OF CEMETERY OR CREMATORY BOONEVILLE	
24d. LOCATION (City, town, or county) (State) BOONEVILLE, MO.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BRADY-BROWN K.P. Mo.			
DATE REC'D BY LOCAL REG. 6-19-53		REGISTRAR'S SIGNATURE Geraldine Smith			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Thomas A. Jones, Deputy Coroner, M.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

John R. Bidmon

Licensed Embalmer No. *4531*

P. O. Address *Kansas City*

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.