

FILED AUG 10 1954

STANDARD CERTIFICATE OF DEATH

State File No. **23177**  
**3154**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** 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>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>4 1/2 yrs</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 HOSPITAL OR INSTITUTION <b>1331 Kensington</b>		e. STREET ADDRESS (If rural, give location) <b>1331 Kensington</b>	

3. NAME OF DECEASED (Type or Print) <b>Millie</b>		a. (First)		b. (Middle) <b>Tandall</b>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>July 3, 1954</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Col.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		8. DATE OF BIRTH <b>Feb. 28, 1893</b>		9. AGE (In years last birthday) <b>61</b>		10. IF UNDER 1 YEAR Months: _____ Days: _____ 11. IF UNDER 60 MIN. Hours: _____ Min.: _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Day work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Private families</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Boonville, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		

13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Harriett (unknown)</b>		14. NAME OF HUSBAND OR WIFE <b>Charlie McCoy, Divorced</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Type, no. or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>513-14-1115</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Gladys Shields</b>	
				ADDRESS <b>1331 Kensington</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES		DUE TO (b) <b>Hypertension (Arterial)</b>			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <b>Arteriosclerotic Heart Disease</b>			
		II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		<b>420</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **5-31**, 1954, to **7-3**, 1954, 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 <b>George H. Tait</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>2204 E. 18th Street,</b>		23c. DATE SIGNED <b>7-6-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7/7/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lincoln Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>	

DATE REC'D BY LOCAL REG. <b>7-7-54</b>		REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>West, Appleton &amp; Jones, Inc.</b>	
				ADDRESS <b>1905 Vine</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING 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 Conrado Gladys B. B.

Licensed Embalmer No. 494

P. O. Address 1905 N. 1st St., K.C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.