

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34190**
4558

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY ~~MO~~ **JACKSON**
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **KANSAS CITY**
c. LENGTH OF STAY (in this place) **1 DAY**
d. FULL NAME OF HOSPITAL OR INSTITUTION **RESEARCH HOSPITAL**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **MO**
b. COUNTY **CLAY**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **KANSAS CITY NORTH, MO.**
d. STREET ADDRESS (If rural, give location) **1010 2320 E 51st Terr. North**

3. NAME OF DECEASED
a. (First) **EMMA** b. (Middle) **MAY** c. (Last) **TINDER**
(Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)
9 - 22 - 54

5. SEX **F**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
WIDOWED 2

8. DATE OF BIRTH **May 17, 1878**

9. AGE (In years last birthday) **76**
IF UNDER 1 YEAR Months Days
IF UNDER 2 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

11. BIRTHPLACE (State or foreign country)
North CREOLA Kansas

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
JAMES HARVEY ROBERTS

13b. MOTHER'S MAIDEN NAME
EMILY WHITTON

14. NAME OF HUSBAND OR WIFE
JAMES RICHARD TINDER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO**
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
NONE

17. INFORMANT'S SIGNATURE OR NAME **MRS. ELINT FLESHMAN**
ADDRESS **2320 E. 51st Terr. K.C., Mo. North**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
This does not mean 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) **Arteriosclerotic Heart Disease**
ANTECEDENT CAUSES **decompensation**
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 **arteriosclerotic nephrosclerosis of crura**
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
10 yrs
4200
1 week

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 1953, to Sept 22, 1954, that I last saw the deceased alive on Sept 22, 1954, and that death occurred at 8:15 p. m., from the causes and on the date stated above.

23a. SIGNATURE **Robert H. Hodge** (Degree or title) **MD**

23b. ADDRESS **329 Armour North Kansas City, Mo**

23c. DATE SIGNED **9/29/54**

24a. REMOVAL (Specify)

24b. DATE **9-22-54**

24c. NAME OF CEMETERY OR CREMATORY **Platte City**

24d. LOCATION (City, town, or county) (State) **Platte City, Mo.**

DATE REC'D BY LOCAL REG. **9-28-54**
REGISTRAR'S SIGNATURE **Neva Minshall**

25. FUNERAL DIRECTOR'S SIGNATURE **Rollins Mitchell**
ADDRESS **Rollins Mitchell Funeral Home**

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

OCT 20 1953

OCT 20 1953

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 Roland M. Giffey

Licensed Embalmer No. 4925

P. O. Address State City, 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.