

FILED MAR 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5129**
872

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
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) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 40 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY,		3838	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPHS HOSPITAL				d. STREET ADDRESS (If rural, give location) 5912 Central St.			
3. NAME OF DECEASED (Type or Print) a. (First) ROBERT		b. (Middle) G.		c. (Last) TANNEHILL		4. DATE OF DEATH (Month) (Day) (Year) FEB. 23, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 25, 1899		9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesmanager		10b. KIND OF BUSINESS OR INDUSTRY Radio Sta. KCMO		11. BIRTHPLACE (State or foreign country) Exeter, Nebraska		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Robert H. Tannehill		13b. MOTHER'S MAIDEN NAME Nona Lonergan		14. NAME OF HUSBAND OR WIFE Marguerite Tannehill			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 487-07-2003		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Marguerite Tannehill--Wife			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a), stating the underlying cause last. DUE TO (b) Coronary failure DUE TO (c) Hypertensive heart disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 6 days 1 day Indefinite 443X	
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)		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 Feb 17, 1955 , to Feb 23, 1955 , that I last saw the deceased alive on 2-23, 1955 , and that death occurred at 6:57 pm. , from the causes and on the date stated above.							
23a. SIGNATURE John T. Skinner (Degree or title) D				23b. ADDRESS MO (CITY) 07 Grand St. C.M.O		23c. DATE SIGNED 2-25-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 26-1955		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery,		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 2-25-55		REGISTRAR'S SIGNATURE neva minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Quirk & Tobin-20 W. Linwood, K.C. Mo.			

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
Student Embalmer

Signed *Forrest D. Coldenow*

Licensed Embalmer No. *4714*

P. O. Address *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 this body is not embalmed, fact should be so stated above.