

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **5228**

FILED MAR 10 1955

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 90					
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 Independence			c. LENGTH OF STAY (In this place) 45yrs		c. CITY OR TOWN Independence		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 Indep. San. & Hosp.				STREET ADDRESS (If rural, give location) 1346 S. Noland				7005			
3. NAME OF DECEASED (Type or Print) MRS. EDYTH SEALY TULEY			a. (First)		b. (Middle)		c. (Last)				
4. DATE OF DEATH March 2, 1955				4. DATE (Month) (Day) (Year)							
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 2 Sept. 18, 1888		9. AGE (In years less birthday) 67			
IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours		IF UNDER 24 HRS. Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper Campbel Produce Co.			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) Ellsworth, Kansas		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Frederic Sealy			13b. MOTHER'S MAIDEN NAME Matie McKeever			14. NAME OF HUSBAND OR WIFE Lynn Tuley dec.					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. 498-30-2924			17. INFORMANT'S SIGNATURE OR NAME Miss. Mary Tuley			ADDRESS N. Jersey.		
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) Cerebral embolism				INTERVAL BETWEEN ONSET AND DEATH 10d			
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease Chronic (Auricular fibrillation)				DUE TO (c) Generalized Arteriosclerosis Chronic							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary embolism with infarction (small) Embolism left leg											
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" 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) (Min)			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 22, 1955 , to Mar 2, 1955 , that I last saw the deceased alive on March 2, 1955 , and that death occurred at _____ m., from the causes and on the date stated above.											
23a. SIGNATURE W. H. Jackson 354 (Degree or title) 0 M.D.				23b. ADDRESS 1011 Bank Bldg Independence, Mo.				23c. DATE SIGNED 3/3/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 4, 1955		24c. NAME OF CEMETERY OR CREMATORY Woodlawn		24d. LOCATION (City, town, or county) (State) Indep. Mo.					
DATE REC'D BY LOCAL REG. 3-4-55			REGISTRAR'S SIGNATURE J. Mitchell			25. FUNERAL DIRECTOR'S SIGNATURE J. Mitchell			ADDRESS Indep. Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAY 10 1977

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 *Jason T. White*

Licensed Embalmer No. *492*
P. O. Address *Indep. M*

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.