

Health,
Welfare
Public
Service

300
1-56

Use only black ink or ribbon typewrite if possible. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 15 1956

34292
STATE FILE NUMBER
4641

Registration District No. 149 Primary Registration District No. 1002 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, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL			Length of stay in hospital 9 months		d. STREET ADDRESS 1226 PASEO		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) YZ				First Y Middle Z Last TUMBLIN		4. DATE OF DEATH Month 10th Day 20th Year 1956		
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 6-2-95	9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Trucking		11. BIRTHPLACE (City and state or country) Atlanta, Texas		12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Ed Tumblin				14. MOTHER'S MAIDEN NAME Diana Haney				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 7-29-18 to 5-1-19 487 10 0058		17. INFORMANT VA Hospital Records, Kansas City, Mo. Address				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute passive congestion of lungs DUE TO (b) Brain tumor, malignant DUE TO (c) 193X Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Emphysema of the lungs							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)						
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> VA <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		CITY STATE		
21. <input checked="" type="checkbox"/> attended the deceased from September 6, 1956 to October 28, 1956 <input type="checkbox"/> Death occurred at 7:25 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Peter Rasmussen M.D. (Degree or title)				22b. ADDRESS VA Hospital, Kansas City, Mo		22c. DATE SIGNED 10-21-56		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10/26/56	23c. NAME OF CEMETERY OR CREMATORY FT. LEAVN WORTH, NATL. Cem.		23d. LOCATION (City, town, or county) (State) FT. LEAVENWORTH, KANSAS			
24. FUNERAL DIRECTOR Le E. Davis ADDRESS Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 10-26-56		26. REGISTRAR'S SIGNATURE neva minshall				

(Licensed Embalmer's Statement on Reverse Side)

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 *Landis H. Jackson*

Licensed Embalmer No. *48*

P. O. Address *R. O.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(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.