

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018565
STATE FILE NUMBER
2160

FILED MAY 29 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

300
-57

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 checked="" type="checkbox"/> No <input type="checkbox"/>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes		Length of stay in 1b 5 Years	8. STREET ADDRESS (If outside, give location) 430 West Meyer
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	First J.	Middle GALEN	Last TILDEN	4. DATE OF DEATH	Month May	Day 14	Year 1958
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 28, 1874	9. AGE (In years and birthday) 84	10. MONTHS	11. DAYS	12. IF UNDER 1 YEAR	13. IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired College Specialties	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Ames, Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George Tilden	13b. MOTHER'S MAIDEN NAME Lydia Cooper	14. NAME OF HUSBAND OR WIFE Ina Tilden
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 485-10-0790	17. INFORMANT Mrs. Newton Hake	Address 430 W. Meyer
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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 Pulmonary Edema		INTERVAL BETWEEN ONSET AND DEATH 3 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Acute Myocardial Decompression	3 hours
	DUE TO (c) Arteriosclerotic Heart Disease	10 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200		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 a.m. p.m.	

20d. INJURY OCCURRED WHILE AT WORK <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	COUNTY	STATE
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21. I attended the deceased from **July 1956** to **5-14-58** and last saw him alive on **5-14-58**
Death occurred on _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. Leslie Thompson, M.D.	(Degree or title)	22b. ADDRESS 411 Nichols Rd., K.C., Mo.	22c. DATE SIGNED 5-14-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE May 14, 1958	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) Ames, Iowa
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24. FUNERAL DIRECTOR FREEMAN MORTUARY	ADDRESS K.C., MO.	25. DATE RECD. BY LOCAL REG. 5-14-58	26. REGISTRAR'S SIGNATURE Wm. Marshall
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(Licensed Embalmer's Statement on Reverse Side)

C. Leslie Thompson

MEDICAL CERTIFICATION

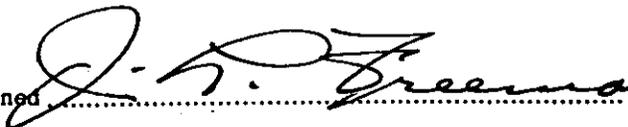
All diseases in Part I must be causally related.

4140 7/12/21
I.P.M.

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 

Licensed Embalmer No. 2939
P. O. Address F. O. M. O.

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.