

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017989

STATE FILE NUMBER 2227

FILED MAY 29 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2227

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institutions: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>H. C. Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>3108 E. 10th</u>		d. STREET ADDRESS (If outside, give location) <u>3108 E. 10th</u>	
Length of stay in 1b <u>25 yrs.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Ida</u> Middle <u>-</u> Last <u>Tilley</u>			4. DATE OF DEATH Month <u>May</u> Day <u>1</u> Year <u>1959</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug-14-1890</u>
9. AGE (In years) <u>88</u> If UNDER 1 YEAR: Months <u>-</u> Days <u>-</u> If UNDER 24 HRS: Hours <u>-</u> Min. <u>-</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTH PLACE (City and state or country) <u>Maury County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>George Bailey</u>	
13b. MOTHER'S MAIDEN NAME <u>Ida</u>		14. NAME OF HUSBAND OR WIFE <u>John Tilley</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, No or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>	
17. INFORMANT <u>Helen J. Macleland</u>		Address <u>K. E. Jackson 114 S. Wyandotte</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>			INTERVAL BETWEEN ONSET AND DEATH <u>hours</u> <u>years</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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. Month, Day, Year _____		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	
21. I attended the deceased from <u>March 1957</u> to <u>May 1959</u> and last saw her alive on <u>April 2, 1959</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>M. A. Cline M. D.</u>		22b. ADDRESS <u>4126 St. Jdoku, K.C., Mo.</u>	
22c. DATE SIGNED <u>5-2-59</u>		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE <u>5-4-1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cem</u>	
23d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>		24. FUNERAL DIRECTOR <u>C. N. Blackman & Son Inc. 15 E. W. 5-4-59</u>	
25. DATE RECD. BY LOCAL REG. <u>5-4-59</u>		26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

M. A. Cline

All diseases in Part I must be causally related.

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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 *Bert B. Benn*

Licensed Embalmer No. *4656*

P. O. Address *L. O. 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.