RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 31 1960

60-038585

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5244

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY
Length of stay in 1b ~~11 DAYS~~
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MUNICIPAL FARM
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 704 W. LINWOOD (If outside, give location)
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First THOMAS Middle H. Last TIERNEY
4. DATE OF DEATH Month 10 Day 16 Year 60
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH 10-3-20
9. AGE (last birthday) 40
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ARTIST
10b. KIND OF BUSINESS OR INDUSTRY CERAMICS
11. BIRTHPLACE (City and state or country) TAWLER-IOWA
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME TIMOTHY TIERNEY
13b. MOTHER'S MAIDEN NAME KATHERINE FLAHERTY
14. NAME OF HUSBAND OR WIFE —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) 2-15-41 to 11-21-46
16. SOCIAL SECURITY NO.
17. INFORMANT LEO J. TIERNEY Address 2031 S. 18 - K.C. Ks.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Circulatory failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
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) History of tuberculosis & alcoholism
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 ____, to ____ and last saw her/him alive on ____
Death occurred at ____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Hugh H. Owens (Degree or title) Coroner
22b. ADDRESS 152 Truman Station
22c. DATE SIGNED 10-18-60
23a. METHOD OF DISPOSITION, REMOVAL (Specify) BURIAL
23b. DATE 10-19-1960
23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEM.
23d. LOCATION (City, town, or county) LEAVENWORTH (State) KANS
24. FUNERAL DIRECTOR H. TIGERMAN & SONS ADDRESS K.C. Mo.
25. DATE RECD. BY LOCAL REG. 10-18-60
26. REGISTRAR'S SIGNATURE H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF Hugh H. Owens MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed N. LeRoy Moone

Signature of Student Embalmer

Licensed Embalmer No. 4776

P. O. Address K. C

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