

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1663**
253

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. 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, write RURAL and give township) OR TOWN KANSAS CITY	c. LENGTH OF STAY (in this place) 25 YEARS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	3318
d. FULL NAME OF HOSPITAL OR INSTITUTION KRESTWOOD NURSING HOME		d. STREET ADDRESS (If rural, give location) 308 SOUTHWEST BLVD.	

3. NAME OF DECEASED (Type or Print) a. (First) CLAUDE b. (Middle) H c. (Last) TINSLEY SR.			4. DATE OF DEATH (Month) (Day) (Year) 1 13 53		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 4 29 79	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY Garage owner	11. BIRTHPLACE (City and State or Foreign Country) Rockport, Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JAMES TINSLEY	13b. MOTHER'S MAIDEN NAME MARY HOUSTON	14. NAME OF HUSBAND OR WIFE MRS. MARGARET TINSLEY
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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. 497-36-6549	17. INFORMANT'S SIGNATURE OR NAME ADDRESS CLAUDE H. TINSLEY 4508 RODEO ROAD LOS ANGELES CALIF.	
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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 hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 2 hr reversal yes
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Feb 1952** to **Jan 13, 1953**, that I last saw the deceased alive on **Jan 12, 1953**, and that death occurred at **2:50 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Wm. R. Jackson MD	23b. ADDRESS 1107 Bryant Blvd	23c. DATE SIGNED 1/13
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24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24b. DATE JAN-16-1953	24c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS	24d. LOCATION (City, town, or county) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 1-16-53	REGISTRAR'S SIGNATURE Sheraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS O.H. Newcomer's Sons 1331-BRUSH CREEK KANSAS CITY, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed Basil W. Honey

Licensed Embalmer No. 4724

P. O. Address Island, Mo.

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 this body is not embalmed, fact should be so stated above.