

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28897**
Registrar's No. **4061**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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

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 OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 14 yrs.		e. STREET ADDRESS (If rural, give location) 7029 Walrond	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			
3. NAME OF DECEASED (Type or Print) Vernon		a. (First) Vernon	b. (Middle) A.
		c. (Last) TANKESLEY	
4. DATE OF DEATH (Month) (Day) (Year) August 14, 1953			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-4-13
		9. AGE (In years last birthday) 40	10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Cabinet Maker
		11. BIRTHPLACE (City and State or Foreign Country) LaFayette County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Ira Tankesley		13b. MOTHER'S MAIDEN NAME Frances Atchley	14. NAME OF HUSBAND OR WIFE Emma E. Tankesley
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. 461-03-2984	17. INFORMANT'S SIGNATURE OR NAME Mrs. Emma E. Tankesley, 7029 Walrond, KC, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Atelectasis		
	ANTECEDENT CAUSES DUE TO (b) Bronchial Obstruction		
	DUE TO (c) Mucopurulent Bronchitis secondary to Gastric Resection for bleeding duodenal ulcer.		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		5410
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Bleeding duodenal ulcer.		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>8-10</u>, 19<u>53</u>, to <u>8-14</u>, 19<u>53</u>, that I last saw the deceased alive on <u>8-14</u> 19<u>53</u>, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Wallace H. Graham (Degree or title) Wallace H. Graham, M.D.		23b. ADDRESS Kansas City, Mo.	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-17-53	24c. NAME OF CEMETERY OR CREMATORY Memorial Park, Kansas City, Mo.	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. 8-15-53	REGISTRAR'S SIGNATURE Seraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar, Kansas City, Mo.	

After 7535
5-18-92
6-1-99

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..... *Melvin Porteau*

Licensed Embalmer No. *4902*

P. O. Address *KC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.