

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38375

FILED NOV-21-1956

State File No.

BIRTH NO. REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 893

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) Independence		c. CITY OR TOWN Independence	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 72 yrs		e. STREET ADDRESS (If rural, give location) 731 N. Liberty St. 100⁰	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 731 N. Liberty St.			

3. NAME OF DECEASED (Type or Print)	a. (First) MR. JOSEPH	b. (Middle) OSCAR	c. (Last) TIGNOR	4. DATE OF DEATH (Month) (Day) (Year) Nov. 8, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH June 18, 1877	9. AGE (In years) (Month) (Day) (Min.) 79	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Plumber	11. BIRTHPLACE (City and State or Foreign Country) Blue Springs, Neb.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Tignor	13b. MOTHER'S MAIDEN NAME Lucinda Means	14. NAME OF HUSBAND OR WIFE Anna Tignor dec.
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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. 490-09-0557	17. INFORMANT'S SIGNATURE OR NAME Ferdinand Tignor	ADDRESS Liberty, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure		INTERVAL BETWEEN ONSET AND DEATH Days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease		Years
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic hepatitis		2 mo

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 4260
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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 9/20, 1956, to 11/8, 1956, that I last saw the deceased alive on 11/8, 1956, and that death occurred at 7⁰⁰ A.m., from the causes and on the date stated above.

23a. SIGNATURE Vance E. Link, M.D. (Degree or title)	23b. ADDRESS 10901 Wipner, Indep., Mo.	23c. DATE SIGNED 11-9-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 10, 1956	24c. NAME OF CEMETERY OR CREMATORY Woodlawn	24d. LOCATION (City, town, or county) (State) Indep. Mo.
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DATE RECD BY LOCAL REG. 11/10/56	REGISTRAR'S SIGNATURE James [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Otto Mitchell	ADDRESS Indep., Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *me*....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Henry G. Mitchell*
Licensed Embalmer No. *3922*

P. O. Address... *Lucy 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.