IRL DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 12 1960

60-002054

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 33

NDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence — Length of stay in 1b: 74 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 503 West Ruby — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Independence — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 503 West Ruby — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Alma Middle: James Last: Tankard
4. DATE OF DEATH Month: Jan. Day: 7 Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Aug 6 1885
9. AGE (last birthday): 74
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): Retired - Carpenter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Kansas City, Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: James T. Tankard
13b. MOTHER'S MAIDEN NAME: Lydia F. Bryan
14. NAME OF ~~HUSBAND~~ OR WIFE: Beatrice Tankard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 486-03-4447
17. INFORMANT: Mrs Beatrice Tankard Address: Indep. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 2 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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 9-7-59, to 1-7-60 and last saw ~~him~~ him alive on 1-7-60
Death occurred at 9:30p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Richard Grabske (Degree or title) Drs. Grabske & Link
22b. ADDRESS 10901 Winner, Indep., Mo.
22c. DATE SIGNED 1-8-60

23a. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial
23b. DATE 1-11-1960
23c. NAME OF CEMETERY OR ~~CREMATORY~~ Mound Grove
23d. LOCATION (City, town, or county) (State) Independence Mo

24. FUNERAL DIRECTOR Roland R. Speaks ADDRESS Indep. Mo.
25. DATE RECD. BY LOCAL REG. 1-10-60
26. REGISTRAR'S SIGNATURE James A. Lacy

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Rollie Kessel

Signature of Student Embalmer

Licensed Embalmer No. 4690

P. O. Address Indep. M

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