

FILED JUL 9 1948

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 147

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 615 Turner  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 25 Years (Specify whether years, months or days)  
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone  
(c) City or town Columbia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 615 Turner Ave. (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME EDWARD EWING TYDINGS

3. (b) If veteran, name war  
3. (c) Social Security No.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Pearl Noblitt Tydings  
6. (c) Age of husband or wife if alive 10 - 4 - 1874 years (Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 17  
If less than one day hr. min.

9. Birthplace Monroe County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Dentist

11. Industry or business

MOTHER FATHER { 12. Name R. J. Tydings  
13. Birthplace Monroe County Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Nancy Nevins  
15. Birthplace Monroe County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. E. Tydings  
(b) Address 615 Turner Ave., Columbia, Mo.

17. (a) Burial (b) Date thereof 6-24-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Parson Funeral Service  
(b) Address Columbia, Mo.

19. (a) 6-24-46 (b) Mrs. P. E. Palmer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21  
year 1946 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from June 21  
1946 to June 21 1946  
that I last saw him alive on June 21 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cornary Thrombosis  
Duration 3 days

Due to  
Due to

Other conditions arterio-sclerosis  
(Include pregnancy within 3 months of death)

Major findings: Of operations 94  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury 0  
23. Signature Charles A. Leach (M. D. or other) MD  
Address Columbia, Mo Date signed June 24 1946

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 2-24-66

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Tom M. Harg.....

Licensed Embalmer No. 4067.....

P. O. Address Columbia, 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.**