

S. No. 2
M-5-43
7-5-17-39
1 X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2054

State File No.

Registrar's No. 7

FILED JAN 26 1948

Registration District No. 250

Primary Registration District No. 4427

1. PLACE OF DEATH:
 (a) County Pulaski
 (b) City or town Waynesville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Waynesville General
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 1/2 hrs.
(Specify whether
 In this community 3 1/2 hrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Phelps
 (c) City or town Rolla
(If outside city or town limits, write "RURAL")
 (d) Street No. Junction Highway 72 + 63
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Gary Wayne Tyler
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 1 day 2
 year 1948 hour 4 minute 25 P.M.
Jan 2nd, 1948

4. Sex male
 5. Color or race W
 6. (a) Single, widowed, married, divorced child
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased August 24 1947
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 2nd 1948 to Jan 2nd 1948
 that I last saw him alive on Jan 2nd 1948
 and that death occurred on the date and hour stated above.
 Immediate cause of death Malnutrition

8. AGE: Years Months Days
4 5 23
 If less than one day _____ hr. _____ min.

Due to Malnutrition
 Due to _____
 Other conditions none
(Include pregnancy within 3 months of death)

9. Birthplace Rolla Mo.
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____

10. Usual occupation _____
 11. Industry or business _____

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? _____

MOTHER FATHER
 12. Name Willie Tyler
 13. Birthplace Belleville Ill.
(City, town, or county) (State or foreign country)
 14. Maiden name Geraldine Stenson
 15. Birthplace Joplin Mo.
(City, town, or county) (State or foreign country)

While at work? _____
 (Specify type of place)
 (c) Means of injury _____
 23. Signature M. K. Underwood M.D.
(M. D. or other)
 Address M. K. UNDERWOOD, M. D. Date signed 1-20-48

16. (a) Informant Willie Tyler
 (b) Address Rolla, Mo.
 17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 1-5-48
(Month) (Day) (Year)
 (c) Place: burial or cremation Rolla Cemetery
 18. (a) Signature of funeral director Null & Sons F. H.
 (b) Address Rolla, Mo.
 19. (a) Jan 24, 1948 (b) Helma C. Buchberger
(Date received local registrar) (Registrar's signature)

Duration 2 mos?
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

WRITE PLAINLY--USE 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

S. L. M. J. J. J.

Licensed Embalmer No.

3397

P. O. Address

Roller 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.