

FILED NOV 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33451

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>104</u>		PRIMARY REG. DIST. NO. <u>4176</u>		Registrar's No. <u>317</u>	
1. PLACE OF DEATH a. COUNTY <u>Dunklin County</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Malden, Mo.</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Malden, Misso</u>		d. STREET ADDRESS (If rural, give location) <u>200 S. Beckwith</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>200 S. Beckwith</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Spencer</u> b. (Middle) <u>Coleman</u> c. (Last) <u>Tyler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 21 1949</u>				
5. SEX <u>Male</u> <input checked="" type="checkbox"/>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 5, 1868</u>	
9. AGE (In years last birthday) <u>81</u>		10. MONTH (Day) (Year) <u>9 16</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>				10b. KIND OF BUSINESS OR INDUSTRY			
13a. FATHER'S NAME <u>Spence C. Tyler Sr.</u>			13b. MOTHER'S MAIDEN NAME <u>Adeline Goodmin</u>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dave Tyler Atlanta, Ga.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive arteriosclerosis of heart</u> DUE TO (c) <u>Chronic Bronchial Asthma</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>10 years</u> <u>45 years</u> <u>4200</u>
18. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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>Jan. 1949</u> to <u>21 Oct. 1949</u> , that I last saw the deceased alive on <u>20 Oct. 1949</u> , and that death occurred at <u>3:29</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles Williams M.D.</u>				23b. ADDRESS <u>Malden, Missouri</u>		23c. DATE SIGNED <u>22 Oct 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>0223, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PARK Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Malden Mo.</u>	
DATE RECD BY LOCAL REG. <u>0226, 1949</u>		REGISTRAR'S SIGNATURE <u>J. W. Schuman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Day Funeral Home Malden</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED OCT 3 1 1949

District Health Office No. 2

District File Number 1049-102

Date Filed _____

NOV 11 1949

NOV 4 1949

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.

Signed.....
Student Embalmer

Signed J. W. Johnson
Licensed Embalmer No. 4086

P. O. Address Minden

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.