

FILED MAY 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16986

2080

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY JACKSON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 30 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		14
d. FULL NAME OF HOSPITAL OR INSTITUTION 6711 ROBERTS ST			d. STREET ADDRESS (If rural, give location) 6711 ROBERTS 3030		
3. NAME OF DECEASED a. (First) CELESTIA (Type or Print)			b. (Middle) TYCKER		c. (Last) TYCKER
4. DATE OF DEATH 5-2-50		5. SEX R	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 12-15-76
9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 12 HRS. Hours	IF UNDER 12 HRS. Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HORSEWORK		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (State or foreign country) ILLINOIS	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME ALBERT TYCKER	13b. MOTHER'S MAIDEN NAME LAURA	14. NAME OF HUSBAND OR WIFE NONE
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. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mohamed Tucker K.C. Mo	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Anterograde heart disease			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			42:00

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

23a. SIGNATURE GBO.C. Reathofer (Degree or title) GBO.C. Reathofer M.D. Society Secy			23b. ADDRESS 3447 Brookside SC Des		23c. DATE SIGNED 5-2-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/5/50	24c. NAME OF CEMETERY OR CREMATORY Mt Washington		24d. LOCATION (City, town, or county) Kansas City MO
DATE REC'D BY LOCAL REG. 5-5-50		REGISTRAR'S SIGNATURE J. Walden Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SHEIL FUNERALS HOME K.C. Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 \_\_\_\_\_

*Richard E. Carroll*

Student Embalmer No. *368*

working under my personal supervision.

Student

*Richard E. Carroll*

Student Embalmer

Signed

*J. P. Sheil*

Licensed Embalmer No. *3025*

P. O. Address *K. C. 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.