

FILED JUL 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24343**

**84**

BIRTH NO. _____		REG. DIST. NO. <b>290</b>		PRIMARY REG. DIST. NO. <b>5987</b>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural Union</b> )		c. LENGTH OF STAY (In this place) <b>25 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Union</b>		<b>1850</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <b>0</b>					
3. NAME OF DECEASED (Type or Print) <b>Mortiner</b>			a. (First) <b>Monroe</b>		b. (Middle) <b>Tynar</b>		c. (Last)		
4. DATE OF DEATH		(Month) <b>7</b>		(Day) <b>16</b>		(Year) <b>1950</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		8. DATE OF BIRTH <b>4/24/1888</b>			
9. AGE (In years last birthday) <b>72</b>		10. MONTHS <b>2</b>		11. DAYS <b>22</b>		12. HOURS <b>0</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>			11. BIRTHPLACE (State or foreign country) <b>Iowa</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			13a. FATHER'S NAME <b>William M. Tynar</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Gordon</b>		14. NAME OF HUSBAND OR WIFE <b>Frances Tynar</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>			16. SOCIAL SECURITY NO. <b>495-12-1815</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Charles W. Tynar, Lanagan, Missouri</b>			ADDRESS	
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) <b>Myocardial Infarction</b> ANTECEDENT CAUSES <b>Chronic Myocarditis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <b>3 hrs</b>  <b>4200</b>	
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 <b>July 16, 1950</b> , to _____, 19____, that I last saw the deceased alive on <b>July 16, 1950</b> , and that death occurred at <b>10:30A. m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Billy J. Neiderhiser</b> (Degree or title) <b>Coroner</b>			23b. ADDRESS <b>Crocker, Mo</b>			23c. DATE SIGNED <b>7/16/50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7/19/1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Dixon</b>		24d. LOCATION (City, town, or county) (State) <b>Dixon, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>7-22-50</b>		REGISTRAR'S SIGNATURE <b>Thelma C. Buckthorpe</b>		389		25. FUNERAL DIRECTOR'S SIGNATURE <b>Fred H. Gilbert, Dixon, Missouri</b> ADDRESS			

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

RECEIVED 7/22/50  
Pulaski County Health Officer  
File Number .....  
Date Recd. 7/22/50 .....

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.....

*Juey - 15th - 1950*

Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Fred A. Gillett*

Licensed Embalmer No. *2341* .....

P. O. Address Dixon, Missouri .....

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.