

FILED SEP 30 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 30695
3921

| | | | | | | | |
|---|--|--|--|---|--|---|--|
| 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 Missouri b. COUNTY Jackson | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) Kansas City 0 | | c. LENGTH OF STAY (in this place) 70 yrs. | | c. CITY (If outside corporate limits, write RURAL and give township) Kansas City | | d. STREET ADDRESS (If rural, give location) 3401 South Benton | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital | | | | 3568 0 | | | |
| 3. NAME OF DECEASED (Type or Print) Larkin | | s. (First) Larkin | | b. (Middle) M. | | c. (Last) TYLER | |
| 4. DATE OF DEATH Sept. 14, 1950 | | 5. SEX male 0 | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | |
| 8. DATE OF BIRTH 9-7-66 | | 9. AGE (in years last birthday) 84 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired U. S. Railway Mail Service | | 11. BIRTHPLACE (State or foreign country) Knobnoster, Missouri 0 | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME James K. Tyler | | 13b. MOTHER'S MAIDEN NAME Amanda Hooker | | 14. NAME OF HUSBAND OR WIFE Nena Rachel Tyler | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Amie Tyler, 3401 S. Benton, KC, 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 & Chronic Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary thromboses DUE TO (c) Coronary Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 4201 | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input 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) | | 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 10 years , 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 Russell W. Kerr (Degree or title) | | | | 23b. ADDRESS St. Joseph Hosp | | 23c. DATE SIGNED 14 Sept 50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 9-15-50 | | 24c. NAME OF CEMETERY OR CREMATORY Elmwood | | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri | |
| DATE REC'D BY LOCAL REG. 9-14-50 | | REGISTRAR'S SIGNATURE Seraldine Holmes | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar, Kansas City, Mo. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 8 1950

NOV 22 1950

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.....

working under my personal supervision.

Student Embalmer No.....

Signed *Max W. Kirkendall*

Signed.....
Student Embalmer

Licensed Embalmer No. *4632*

P. O. Address *F. C. Ma.*

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.