

FILED FEB 19 1951

STANDARD CERTIFICATE OF DEATH

State File No. 7346

1100
1

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

BIRTH NO. _____		REG. DIST. NO. 365		PRIMARY REG. DIST. NO. 6239		Registrar's No. 3	
1. PLACE OF DEATH a. COUNTY Washington				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY St. Francois			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL Bellevue		c. LENGTH OF STAY (in this place) 2 WKS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bismarck Rural Bellevue		1100	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)				d. STREET ADDRESS (If rural, give location) 3 1/2 Miles West of Bismarck			
3. NAME OF DECEASED a. (First) JOHN (Type or Print)		b. (Middle) Wiley		c. (Last) TYREE		4. DATE OF DEATH (Month) (Day) (Year) JAN 29 1951	
5. SEX MALE		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced 3		8. DATE OF BIRTH 11-11-1890	
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months 2 Days 18		IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER				10b. KIND OF BUSINESS OR INDUSTRY 		11. BIRTHPLACE (State or foreign country) Bell, MO	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13a. FATHER'S NAME JACK TYREE		13b. MOTHER'S MAIDEN NAME ROSICCA CANNON	
14. NAME OF HUSBAND OR WIFE DIVORCED				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME Andrew Tyree Bismarck, MO.				18. 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) Doubtful Pneumonia				INTERVAL BETWEEN ONSET AND DEATH 4 Days	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatism				1 Wk	
		DUE TO (c) Infirmity of old age				490X	
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)		21e. INJURY OCCURRED WHILE AT WORK? () NOT WHILE AT WORK ()		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 20, 1951 , to Jan 29, 1951 , that I last saw the deceased alive on Jan 28, 1951 , and that death occurred at 8:00 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE F. H. Gale MD				23b. ADDRESS Bismarck MO		23c. DATE SIGNED Jan 30-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-31-51		24c. NAME OF CEMETERY OR CREMATORY WOODLAWN		24d. LOCATION (City, town, or county) (State) headington MO.	
DATE REC'D BY LOCAL REG. 3-7-51		REGISTRAR'S SIGNATURE Edna D. White		25. FUNERAL DIRECTOR'S SIGNATURE Shipman-Graves		ADDRESS Bismarck, MO.	

RECEIVED

FEB 11 1951

WASH. COUNTY HEALTH DEPT.
File No. 251-64

FEB 19 1951

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 _____

John N. Shipman

Student Embalmer No. 415

working under my personal supervision.

Student John N. Shipman
Student Embalmer

Signed Courtney Sparks

Licensed Embalmer No. 4287

P. O. Address Flat Buisson

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.