

FILED MAY 2 1951

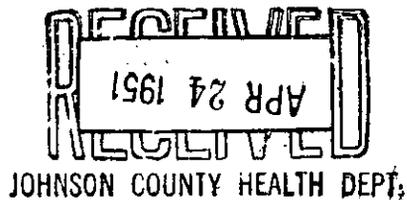
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13094

| | | | | |
|---|------------------------|---|-----------------------------|---|
| BIRTH NO. | | REG. DIST. NO. 166 | PRIMARY REG. DIST. NO. 5603 | Registrar's No. 8 |
| 1. PLACE OF DEATH a. COUNTY Johnson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sweet Springs "Rural" <i>HOVER</i> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sweet Springs "Rural" <i>HOVER Twp.</i> | | |
| c. LENGTH OF STAY (in this place) <i>HOVER</i> | | d. STREET ADDRESS (If rural, give location) 0510 | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Floyd | | b. (Middle) Tyler | | c. (Last) Tyler |
| 4. DATE OF DEATH (Month) 4 (Day) 21 (Year) 1951 | | | | |
| 5. SEX Male <input checked="" type="radio"/> | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed <input checked="" type="checkbox"/> | 8. DATE OF BIRTH May 8 1883 | 9. AGE (In years last birthday) 67 |
| 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) Missouri |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | |
| 13a. FATHER'S NAME R.S. Tyler | | 13b. MOTHER'S MAIDEN NAME Florence Schenk | | 14. NAME OF HUSBAND OR WIFE Grace Tyler |
| 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. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Tyler LaMonte 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) Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH 30 min ANTECEDENT CAUSES 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. <input checked="" type="checkbox"/> | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 4201 |
| 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) Sweet Springs Johnson Mo |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? |
| 22. I hereby certify that I attended the deceased from April 21, 1951, to April 21, 1951, that I last saw the deceased alive on April 21, 1951, and that death occurred at 6:12 a.m., from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE E.W. Hayes | | 23b. ADDRESS (Degree or title) 0 | | 23c. DATE SIGNED April 21-51 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) OF BODY | | 24b. DATE 4-23-51 | | 24c. NAME OF CEMETERY OR CREMATORY Mt. Zion |
| | | | | 24d. LOCATION (City, town, or county) (State) Sweet Springs Mo. |
| DATE REC'D BY LOCAL REG. April 23, 1951 | | REGISTRAR'S SIGNATURE Emma L. Beatty 149 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul M. Moore LaMonte Mo |

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

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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.

Student
Student Embalmer

Signed: Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte, 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.