

FILED JAN 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40866

| | | | | |
|---|------------------------|--|--------------------------------|---|
| BIRTH NO. | | REG. DIST. NO. 47 | PRIMARY REG. DIST. NO. 3008 | Registrar's No. 350 |
| 1. PLACE OF DEATH a. COUNTY Callaway 0143 | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Callaway | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton | | c. LENGTH OF STAY (In this place) OR TOWN 18 Years Fulton 0143 | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Home 300 Sunset Dr. | | d. STREET ADDRESS (If rural, give location) 300 Sunset Drive | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) H. c. (Last) Tyler | | 4. DATE OF DEATH (Month) (Day) (Year) Dec 18 1951 | | |
| 5. SEX Male 0 | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2 | 8. DATE OF BIRTH June 26, 1860 | 9. AGE (In years last birthday) 91 if UNDER 1 YEAR Months 5 Days 22 if UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | | 11. BIRTHPLACE (State or foreign country) Callaway Co., Missouri |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME R. H. Tyler | | |
| 13b. MOTHER'S MAIDEN NAME | | 14. NAME OF HUSBAND OR WIFE Carrie | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NO | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Tom Clark Boone Co. 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Leuremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Old age 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 3 days |
| 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 <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 Dec 15, 1951, to Dec 17, 1951, that I last saw the deceased alive on Dec 16, 1951, and that death occurred at 9:45 a.m., from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE H. J. Owen M.D. | | (Degree or title) 6 | | 23b. ADDRESS Fulton, Mo. |
| 23c. DATE SIGNED Dec 19, 51 | | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Dec. 20, 1951 | | 24c. NAME OF CEMETERY OR CREMATORY, Hillcrest |
| 24d. LOCATION (City, town, or county) (State) Fulton, Missouri | | | | |
| DATE REC'D BY LOCAL REG. Dec 19-1951 | | REGISTRAR'S SIGNATURE Marjella Lawrence | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wallace Funeral Home Fulton, Mo. |

(Licensed Embalmer's Statement on Reverse Side)

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

File No.
DISTRICT HEALTH OFFICE No. 4

DEC 27 1951

RECEIVED

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 *Hermit C. B. Browning*

Licensed Embalmer No. *2724*

P. O. Address *Fulton, Md.*

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.