

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2182

State File No.

FILED FEB 13 1952

BIRTH NO. _____ REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 5880 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Osage</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Linn</u> <u>Crawford Twp</u>		c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Linn</u> <u>Crawford Twp</u>		d. STREET ADDRESS (If rural, give location) <u>R.D.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Linn Mo R.F.D.</u>			d. STREET ADDRESS (If rural, give location) <u>R.D.</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>ZAYTON</u> c. (Last) <u>TYREE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 28 1952</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 12 1880</u>		9. AGE (In years last birthday) <u>71</u> IF UNDER 1 YEAR Months <u>7</u> IF UNDER 24 HRS. Days <u>16</u> Hours <u>16</u> Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>selfemployed</u>	11. BIRTHPLACE (State or foreign country) <u>Franklin Co Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Jackson Tyree</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Larimore</u>		14. NAME OF HUSBAND OR WIFE <u>Eva Branson Tyree, Linn</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>492-12-7162</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William Tyree, Linn Mo R.D.</u>			
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Gastritis</u> DUE TO (c) <u>Anemia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Emaciation</u>				INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION <input checked="" type="checkbox"/>	19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Osage Mo</u>		
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <input checked="" type="checkbox"/>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/>		
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22. I hereby certify that I attended the deceased from 1-23, 1952 to 1-27, 1952, that I last saw the deceased alive on 1-27, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. A. Bunge, M.D.</u>		23b. ADDRESS <u>Blair Mo</u>		23c. DATE SIGNED <u>1-30-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>1/30/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Judge Mo</u>		
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DATE REC'D BY LOCAL REG. <u>Feb 5-1952</u>	REGISTRAR'S SIGNATURE <u>C. A. Bunge</u> <u>235</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde Norton</u>		ADDRESS <u>Linn Mo.</u>
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WRITE PLAINLY—USING UNFADING 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 Vernon M. Moxton

Licensed Embalmer No. 4125

P. O. Address Linn, 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.