

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23789**

FILED JUL 25 1952

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>4059</u> Registrar's No. <u>341</u>	
1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neelyville		c. LENGTH OF STAY (in this place) 7 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neelyville 01-20		d. STREET ADDRESS (If rural, give location) Gen. Del. 0
d. FULL NAME OF HOSPITAL OR INSTITUTION Gen. Del.					
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) _____ c. (Last) Tyler			4. DATE OF DEATH (Month) (Day) (Year) July 6, 1952		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1877	9. AGE (In years last birthday) 75	10. F UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Mississippi		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Mrs. Rosie 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. 490-10-8888A	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Rosie Tyler, 328 S. Fountain Cape Girardeau		
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) Thrombosis - Stricture Urethra 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. Pyelitis Cystitis.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 608X				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) m.	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 <u>July</u> , 19 <u>51</u> , to <u>6 July</u> , 19 <u>52</u> that I last saw the deceased alive on <u>15 June</u> , 19 <u>52</u> , and that death occurred at <u>3:30 Pm.</u> , from the causes and on the date stated above.					
23a. SIGNATURE W. B. Crook		(Degree or title)	23b. ADDRESS 321 Clark Poplar Bluff Mo		23c. DATE SIGNED 14 July 52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE July 12, 1952	24c. NAME OF CEMETERY OR CREMATORY Fairmont Cemetery	24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.		
DATE REC'D BY LOCAL REG. 7-15-52	REGISTRAR'S SIGNATURE Wm. H. Johnson		42870	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. J. Sparks Cape Girardeau, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUL 23 1952

BUTLER CO. HEALTH CENTER

FILE No. 152-376

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 Frank Sparks

Signed.....
Student Embalmer

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau

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.

ST. SI 151