No. 300
10-48

FILED AUG 28 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28571

State File No. .....

BIRTH NO. 52327 REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 113

512
0

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

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warrensburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Warrensburg Medical Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lafayette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mayview 0540
d. STREET ADDRESS (If rural, give location): 1

3. NAME OF DECEASED (Type or Print)
a. (First): Freddie
b. (Middle): Lee
c. (Last): Tye

4. DATE OF DEATH (Month) (Day) (Year): Aug. 12 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married 0
8. DATE OF BIRTH: Aug. 12, 1952
9. AGE (In years last birthday): If under 1 year: Months / Days; If under 24 hrs.: Hours 9 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Warrensburg, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Joel L Tye
13b. MOTHER'S MAIDEN NAME: Margaret Specker
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Joel Tye 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 7 hrs

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 776X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/12, 1952, *to* 8/12/52, 19__, *that I last saw the deceased alive on* 8/12/52, 19__, *and that death occurred at* 1:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles M. Lederer M.D.
23b. ADDRESS: Warrensburg, Missouri
23c. DATE SIGNED: 8/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8/13/52
24c. NAME OF CEMETERY OR CREMATORY: Mt. Tabor
24d. LOCATION (City, town, or county) (State): Odessa, Missouri

DATE REC'D BY LOCAL REG.: Aug 12, 1952
REGISTRAR'S SIGNATURE: Savannah Hutchfield 147-0
25. FUNERAL DIRECTOR'S SIGNATURE: Husman-Sparks, Odessa, Mo. W. F. Sparks ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
AUG 18 1952
JOHNSON COUNTY HEALTH DEPT.

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 William T. Sparks

Signed.....
Student Embalmer

Licensed Embalmer No. #44

P. O. Address Odessa, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.