

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28749

State File No.

SEP 2 - 1952

Registrar's No. 36

BIRTH NO. REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5757

1. PLACE OF DEATH a. COUNTY MARIES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MARIES	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL (Johnson township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL (JOHNSON TOWNSHIP)	
c. LENGTH OF STAY (in this place) 3 yrs			
d. FULL NAME OF HOSPITAL OR INSTITUTION family home		d. STREET ADDRESS (If rural, give location) 0050	

3. NAME OF DECEASED (Type or Print) a. (First) ERNEST b. (Middle) PAYTON c. (Last) TYNES			4. DATE OF DEATH (Month) (Day) (Year) AUG 28 1952			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Nov 29th 1889	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months Days	IF UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY own farm		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JOHN PAYTON TYNES		13b. MOTHER'S MAIDEN NAME JANE MORELAND		14. NAME OF HUSBAND OR WIFE SOPHIA (RIDENHOUR) TYNES	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ROY TYNES BELLE, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH minutes
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardiovascular disease DUE TO (c) Arteriosclerosis		
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 4201	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 **8-28-1952**, to **8-28-1952**, that I last saw the deceased alive on **8-20-1952**, and that death occurred at **5:22** m., from the causes and on the date stated above.

23a. SIGNATURE (Deputy or title) F. L. Kozal, M.D.		23b. ADDRESS Belle, Mo.		23c. DATE SIGNED 8-29-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE AUG 30-1952	24c. NAME OF CEMETERY OR CREMATORY LIBERTY CEMETERY		24d. LOCATION (City, town, or county) (State) BELLE (MARIES CO) MO.	
DATE REC'D BY LOCAL REG. 8-30-52	REGISTRAR'S SIGNATURE Pauline Howard	FEDERAL DIRECTOR'S SIGNATURE Chas. S. ...		ADDRESS Funeral Service - Belle,	

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

SEP 5 1952

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 Chester Sasser

Licensed Embalmer No. 4178

P. O. Address Bland - 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.