

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

APR 14 1953

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 4291 Registrar's No. 31

6000
5

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

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CLINTON</u>	
b. CITY OR TOWN <u>RURAL LIBERTY</u>	c. LENGTH OF STAY (in this place) <u>3 MO</u>	c. CITY OR TOWN <u>PLATTSBURG</u>	d. STREET ADDRESS (If rural, give location) <u>810 BROADWAY</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>IOOF HOSP.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lillie</u>	b. (Middle) <u>NONE</u>	c. (Last) <u>TYER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>APR. 10-53</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>9-17-53</u>
9. AGE (In years last birthday) <u>78</u>	If UNDER 1 YEAR Months <u>6</u> Days <u>22</u>	If UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BANK Teller</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Clinton County, MO.</u>
			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>T. B. TYER</u>	13b. MOTHER'S MAIDEN NAME <u>JANE WALKER</u>	14. NAME OF HUSBAND OR WIFE <u>+ none</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS DON WRIGHT</u> ADDRESS <u>PLATTSBURG, MO.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		
	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 <u>4201</u>	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) (Min.)	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 Feb, 1953, to Apr 10, 1953, that I last saw the deceased alive on Apr 10, 1953, and that death occurred at 1 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm H Goodson</u> (Degree or title)	23b. ADDRESS <u>Liberty Mo</u>	23c. DATE SIGNED <u>4/11/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4/10/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. ZION</u>	24d. LOCATION (City, town, or county) (State) <u>Clinton County MO.</u>
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DATE REC'D BY LOCAL REG. <u>Apr 11-1953</u>	REGISTRAR'S SIGNATURE <u>Maxine Haynes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. P.</u> ADDRESS <u>Plattsburg, Mo.</u>
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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

John Lombard

Licensed Embalmer No. 4448

P. O. Address Liberty, 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.