

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43223**
5903

FILED DEC. 29 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 2 1/2 yrs.		e. STREET ADDRESS (If rural, give location) 1121 Harrison Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2			

3. NAME OF DECEASED (Type or Print) Armetha	a. (First)	b. (Middle) Tyler	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 12 12 1953
--	------------	-----------------------------	-----------	---

5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-16-1923	9. AGE (In years Last birthday) 29	10. UNDER 1 YEAR Months	11. UNDER 1 HRs. Hours	12. UNDER 1 MIN. Min.
-------------------------	----------------------------------	--	---------------------------------------	--	----------------------------	---------------------------	--------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundress	10b. KIND OF BUSINESS OR INDUSTRY Delux Laundry	11. BIRTHPLACE (City and State or Foreign Country) Clenton Parish, Louisiana	12. CITIZEN OF WHAT COUNTRY? U. S. A.
---	---	--	---

13a. FATHER'S NAME Mike Clayborne	13b. MOTHER'S MAIDEN NAME Ellen Williams	14. NAME OF HUSBAND OR WIFE John 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. ---	17. INFORMANT'S SIGNATURE OR NAME John Tyler	ADDRESS 1121 Harrison K. C. Mo.
---	---------------------------------------	--	---

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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4343
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple pulmonary emboli and infarcts		
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) right intrauricular thrombosis DUE TO (c) cardiac hypertrophy & dilatation		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 11-5-53, 19 , to 12-12-53, 19 , that I last saw the deceased alive on 12-12-53, 19 , and that death occurred at 9:20 a m., from the causes and on the date stated above.

23a. SIGNATURE E. Frank Elms	(Degree or title) MD	23b. ADDRESS 600 East 22nd Street	23c. DATE SIGNED 12-15-53
--	--------------------------------	---	-------------------------------------

24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE 12-15-1953	24c. NAME OF CEMETERY OR CREMATORY Westlawn	24d. LOCATION (City, town, or county) (State) Kansas City, Kansas
--	--------------------------------	---	---

DATE REC'D BY LOCAL REG. 12-16-53	REGISTRAR'S SIGNATURE Seraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Mrs. J. W. Jones	ADDRESS 440 state ave.
---	---	---	----------------------------------

(Licensed Embalmer's Statement on Reverse Side)

K. C. Kansas

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

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.....
Signature of Student Embalmer

Signed *Engene English*.....
Licensed Embalmer No. *4105*.....
P. O. Address *440 State*.....
K. C. - K

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.