

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 232

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>		c. CITY OR TOWN <u>Jefferson City</u>	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) <u>10yrs</u>		e. STREET ADDRESS (If rural, give location) <u>1600 St. Mary's Blvd</u> <u>02670</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1600 St. Mary's Blvd</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jesse</u> b. (Middle) <u>Paul</u> c. (Last) <u>Tynes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 2 1954</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept Aug-18-91</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>63</u>	IF UNDER 24 HRS. Days <u>63</u>	IF UNDER 12 HRS. Hours <u>63</u>	IF UNDER 1 MIN. Min. <u>63</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Prison Guard</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Prison</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Maries County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		

13a. FATHER'S NAME <u>Thomas Tynes</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Collier</u>		14. NAME OF HUSBAND OR WIFE <u>Louise Tynes</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Louise Tynes, Jefferson City, Mo</u>		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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Chr. pancreatitis</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>2 year</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>possible carcinoma</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>157 X</u>		20. AUTOPSY? YES <input 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)		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 Jan, 1954, to Sept 2, 1954 that I last saw the deceased alive on Sept 2, 1954, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>Russ E. Taylor M.D.</u>		23b. ADDRESS <u>Jefferson City, Mo</u>		23c. DATE SIGNED <u>9. 4. 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept-4-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Liberty Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Belle, Missouri</u>					

DATE REC'D BY LOCAL REG. <u>Sept 4-1954</u>		REGISTRAR'S SIGNATURE <u>R.P. Norris MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bob Gordon</u>		ADDRESS <u>Jefferson City, Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 11 1953

SEP 1

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 *Step J Gordon*

Licensed Embalmer No. 1786

P. O. Address *Jeff City*

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.