

STANDARD CERTIFICATE OF DEATH

27892

State File No.

No. 300
10-48

FILED **JAN 30 1954**
Aug

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 327

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		c. LENGTH OF STAY (in this place) <u>40 days</u>	c. CITY OR TOWN <u>Independence</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sanitarium</u>			e. STREET ADDRESS (If rural, give location) <u>935 S. Pope</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gilbert</u> b. (Middle) <u>O.</u> c. (Last) <u>Tryman, Sr.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 15, 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. 23, 1881</u>	9. AGE (In years last birthday) <u>72</u>	10. MONTHS <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>construction</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cockrell, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Wm. W. Tryman</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Tyer</u>		14. NAME OF HUSBAND OR WIFE <u>Lavina Tryman</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>none 490-09-2307A</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lavina Tryman, Independence, Mo.</u>			
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Colon</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (a) <u>with generalized metastasis</u> DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153X</u>			

19a. DATE OF OPERATION <u>7/9/54</u>	19b. MAJOR FINDINGS OF OPERATION <u>metastatic carcinoma of inguinal nodes</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE	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 Aug, 1953, to 8/15, 1954, that I last saw the deceased alive on 8/15, 1954, and that death occurred at 4:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>E. B. Holton, M.D.</u>	(Degree or title) <u>0</u>	23b. ADDRESS <u>819 S. Main Independence, Mo.</u>	23c. DATE SIGNED <u>8/16/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/17/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lees Summit Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Lees Summit, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>8-17-54</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Geo. L. Carson</u>	ADDRESS <u>Independence, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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 *H. H. Gibson*.....

Licensed Embalmer No. *487*

P. O. Address *Indep, 7*

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.