

FILED JUN 17 1955

## THE DIVISION OF HEALTH OF MISSOURI

## STANDARD CERTIFICATE OF DEATH

6112A State File No. 20809

BIRTH NO. _____		REG. DIST. NO. <u>328</u>		PRIMARY REG. DIST. NO. <u>4485</u>		Registrar's No. <u>37</u>	
1. PLACE OF DEATH a. COUNTY <u>Scott</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Ancell</u> )		c. LENGTH OF STAY (in this place) <u>47 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ancell</u>		d. STREET ADDRESS (If rural, give location) <u>1000 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at Ernest Tyler home</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>EZRA</u>		b. (Middle) <u>AUSTIN</u>		c. (Last) <u>TYLER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 6, 1955</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>Aug 10, 1878</u>	9. AGE (in years last birthday) <u>76</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber yard</u>		11. BIRTHPLACE (State or foreign country) <u>Mill Choals, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Austin Tyler</u>		13b. MOTHER'S MAIDEN NAME <u>Leona Tate</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-18-5312</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ernest Tyler</u> ADDRESS <u>Ancell, Missouri</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 months</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>general arteriosclerosis</u>				Determ. <u>Not</u>			
DUE TO (c) <u>4201</u>							
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 _____		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) (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 <u>Jan 4, 1955</u> to <u>June 4, 1955</u> , that I last saw the deceased alive on <u>June 4, 1955</u> , and that death occurred at <u>12:15 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Fred O. Martin</u>		23b. ADDRESS <u>D.O. 2 Illmo, Mo.</u>		23c. DATE SIGNED <u>6/8/1955</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 8, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lightner Cem.</u>		24d. LOCATION (City, town, or county) <u>Illmo, Missouri</u> (State) _____	
DATE REC'D BY LOCAL REG. <u>6-17-55</u>		REGISTRAR'S SIGNATURE <u>Blyde A. Bridger</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bisplinghoff Funeral Home</u> ADDRESS <u>Illmo, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

DATE RECEIVED 6/13/55

SCOTT CO. HEALTH DEPT.

CO. FILE No. 455-121

JUN 21 1955

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Oliver C. Amis

Signed.....  
Student Embalmer

Licensed Embalmer No. 4470

P. O. Address Almo, Pa.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.