

No. 300  
10.48

FILED DEC 20 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41500**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **257** PRIMARY REG. DIST. NO. **5880** Registrar's No. **44**

1. PLACE OF DEATH a. COUNTY <b>Osage</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Osage</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural Craw</b> )		c. CITY OR TOWN <b>Bland, Mo.</b>	
c. LENGTH OF STAY (in this place) <b>in a day</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>enroute to Hospital in Ambulance</b>		e. STREET ADDRESS (If rural, give location) <b>R # 2</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>MARY</b>	b. (Middle) <b>ALICE</b>	c. (Last) <b>TYREE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>December 16 1955</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>"hite"</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 6, 1894</b>	9. AGE (In years last birthday) <b>61</b>	IF UNDER 1 YEAR Month <b>11</b> Days <b>10</b>	IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Osage County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Thomas Pennington</b>	13b. MOTHER'S MAIDEN NAME <b>Mellisa Branson</b>	14. NAME OF HUSBAND OR WIFE <b>William Charles Tyree</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>William Charles Tyree, Bland, Mo. R # 2</b>	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Atherosclerosis</b> DUE TO (c) <b>Hypertensive Heart disease</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Bronchitis</b>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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)
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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?
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22. I hereby certify that I attended the deceased from **Oct 19, 1955**, to **Dec 15, 1955**, that I last saw the deceased alive on **Dec 15, 1955**, and that death occurred at **11:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Norman W. Baldwin D.O.</b>	23b. ADDRESS <b>Linn, Mo.</b>	23c. DATE SIGNED <b>12-17-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 19, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>College Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Osage County, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Dec 17-55</b>	REGISTRAR'S SIGNATURE <b>T. C. Submitt</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Morton Funeral Home, Linn, Mo.</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
Signature of Student Embalmer

Signed. *Vernon M. Weston*

Licensed Embalmer No. *412*

P. O. Address *Leam*

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.