

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 1471
125
Registrar's No.BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>		
b. CITY OR TOWN <u>Kansas City Mo.</u>		c. LENGTH OF STAY (in this place) <u>2 Mo.</u>	c. CITY OR TOWN <u>Edwardsville Kansas</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Colonial Nursing Home</u> <u>100 East 36, st.</u>			e. STREET ADDRESS (If rural, give location) <u>415.78, st.</u> <u>415⁰ 9</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Tyson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 10 1956</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, 2 WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 2, 1873</u>		9. AGE (In years last birthday) <u>82</u> # UNDER 1 YEAR Months _____ Days _____ # UNDER 1 MIN. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bonner Springs Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William Fisher</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Tyson</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</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Manford Runnells, Bonner Spgs. Ks.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Left Hemiplegia - Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Hypertension, arteriosclerosis and obesity</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>4 months (several years)</u> <u>331X</u>
19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>none</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>none</u>			
22. I hereby certify that I attended the deceased from <u>10-21-1955</u> to <u>1-10-1956</u> , that I last saw the deceased alive on <u>1-7-1956</u> , and that death occurred at <u>7:40 AM</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>J. Harvey Jennett, M.D.</u> (Degree or title) <u>MD</u>			23b. ADDRESS <u>1630 Professional Bldg. Kansas City 6 Mo</u>		23c. DATE SIGNED <u>1-10-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Jan 10/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Edwardsville Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Edwardsville Kansas</u>	
DATE REC'D BY LOCAL REG. <u>1-10-56</u>	REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ward Harrington, Bonner Springs, Ks.</u> <u>Ward Harrington</u>		

(Licensed Embalmer's Statement on Reverse Side)

JAN 25 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Donan K. James*

Licensed Embalmer No.

P. O. Address *K. C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING
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.