

NO. 300  
0-48

FILED APR 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9485

State File No. ....

BIRTH NO. .... REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 129

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY OR TOWN <b>JOPLIN</b>		c. CITY OR TOWN <b>JOPLIN</b>	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)		e. STREET ADDRESS (If rural, give location) <b>2401 SERGEANT AVE.</b>	
d: FULL NAME OF HOSPITAL OR INSTITUTION <b>2401 SERGEANT AVE.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>RUTH</b> b. (Middle) <b>ELIZABETH</b> c. (Last) <b>TYLER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAR. 21, 1956</b>			
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MAY 8, 1898</b>	9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. 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>YORK, PENNSYLVANIA</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>MILTON GOHN</b>		13b. MOTHER'S MAIDEN NAME <b>NETTIE DELL</b>		14. NAME OF HUSBAND OR WIFE <b>PETER C. TYLER</b>	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>PETER C. TYLER, 2401 SERGEANT AVE.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis</b> ANTECEDENT CAUSES DUE TO (b) <b>Myocardial Infarct</b> DUE TO (c) <b>Hypertension</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic Nephritis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 hours</b> <b>1 year</b> <b>2 years</b> <b>1 year</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) <b>4201</b>	
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 May, 1953, to March 1956 that I last saw the deceased alive on March 20, 1956, and that death occurred at 11:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>D. D. Taylor M.D.</b>		23b. ADDRESS		23c. DATE SIGNED <b>3-23-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>3-23-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>OSBORNE MEMORIAL</b>	
				24d. LOCATION (City, town, or county) (State) <b>JOPLIN, MISSOURI</b>	

DATE REC'D BY LOCAL REG. <b>3-26-56</b>		REGISTRAR'S SIGNATURE <b>Dove Merriam</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED APR. 3 1956  
Jasper County Health Office

County File Number 56-41-281

Date Filed APR 3 1956

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 F. M. Jones .....

Licensed Embalmer No. 243

P. O. Address Joplin

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.