

FILED JUN 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16643**
2153BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. LENGTH OF STAY (In this place) 4 1/2 yrs	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2		e. STREET ADDRESS (If rural, give location) 2024 East 19th St	
3. NAME OF DECEASED (Type or Print) a. (First) Esther		b. (Middle) _____	c. (Last) Tyree
4. DATE OF DEATH (Month) (Day) (Year) 5 16 1956		5. SEX Female	
6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH Aug. 23, 1912		9. AGE (In years last birthday) 43	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	
11. BIRTHPLACE (City and State or Foreign Country) Kansas, City, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME _____		13b. MOTHER'S MAIDEN NAME Parthenia	
14. NAME OF HUSBAND OR WIFE Frank Tyree		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) None	
16. SOCIAL SECURITY NO. Unk.		17. INFORMANT'S SIGNATURE OR NAME Frank Tyree ADDRESS 2024 East 19th	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of liver with terminal diffuse gastro intestinal hemorrhage.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (c) _____		5810	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
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) _____	
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>5-15-56</u> , 19 <u> </u> , to <u>5-16-56</u> , 19 <u> </u> , that I last saw the deceased alive on <u>5-16-56</u> , 19 <u> </u> , and that death occurred at <u>1:00 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE W. R. Peters (Signature or title) _____		23b. ADDRESS 600 East 22nd Street	
23c. DATE SIGNED 5-17-56		23d. LOCATION (City, town, or county) (State) K. C. Mo.	
24b. DATE 5-19-56		24a. NAME OF CEMETERY OR CREMATORY Westview Highland	
24c. DATE REC'D BY LOCAL REG. 5-17-56		24d. LOCATION (City, town, or county) (State) 18th St	
REGISTRAR'S SIGNATURE W. R. Peters		25. FUNERAL DIRECTOR'S SIGNATURE Bingham & Jones ADDRESS 18th St	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
W. R. Peterson

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
Licensed Embalmer No. ~~52~~

P. O. Address 2300 S. E. 22nd

-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.