

FILED JUN 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22582**

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>3076</u>		Registrar's No. <u>137</u>	
1. PLACE OF DEATH a. COUNTY <u>VERNON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>VERNON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEVADA</u>		c. LENGTH OF STAY (in this place) <u>1 DAY</u>		c. CITY OR TOWN <u>NEVADA</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>NEVADA CITY HOSP.</u>				e. STREET ADDRESS (If rural, give location) <u>700 S. OLIVE 10820</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRIETTA</u> b. (Middle) <u>V.</u> c. (Last) <u>TYLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 12, 1956</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>MARCH 5, 1877</u>	
9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STATE HOSP. #3</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOSPITAL</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Appleton City, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>JAMES E. JAMES</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH C. GNASTAIN</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN TYLER</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>492-36-2115</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. A.W. CARNELIUS</u> ADDRESS <u>NEVADA, MO.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Collapse</u> ANTECEDENT CAUSES <u>DUE TO (b) Acute Blood Loss</u> <u>DUE TO (c) Self-inflicted gunshot wound</u> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Generalized Carcinomatosis 976XH</u>					INTERVAL BETWEEN ONSET AND DEATH <u>26 hours</u>
19a. DATE OF OPERATION <u>2-21-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Extensive metastasis in liver, primary carcinoma sigmoid colon, side of small intestine attached to primary lesion & numerous glands could be felt.</u>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Nevada, Vernon, Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 11, 1956 9A.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Self inflicted gunshot wounds.</u>			
22. I hereby certify that I attended the deceased from <u>June 11, 1956</u> , to <u>June 12, 1956</u> , that I last saw the deceased alive on <u>June 12, 1956</u> and that death occurred at <u>11:40 AM</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>L.P. McCann, M.D.</u> (Degree or title)				23b. ADDRESS <u>Moore Building, Nevada, Missouri</u>		23c. DATE SIGNED <u>6-12-56</u>	
24a. BURIAL: CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>6-15-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>D.W. NEWCOMERS CREMATORY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u>	
DATE REC'D BY LOCAL REG. <u>6-23-56</u>		REGISTRAR'S SIGNATURE <u>Arma J. Ferry</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>SHORTEN FUNERAL HOME</u> ADDRESS <u>NEVADA, MO.</u>		

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

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, ~~on~~ by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Lawrence O. Gulley*.....

Licensed Embalmer No. *4297*.....

P. O. Address *Nevada, Mo*.....

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.