

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 1759

FILED JAN 14 1957

BIRTH NO. _____		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>3032</u>		Registrar's No. <u>8</u>			
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>		c. LENGTH OF STAY (In this place) <u>4 Days</u>		c. CITY OR TOWN <u>Rural:Warrensburg</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warrensburg Medical Center</u>				e. STREET ADDRESS (If rural, give location) <u>RFD 4 Warrensburg</u>				<u>0-5190</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eugene</u>			b. (Middle) <u>Faulwell</u>		c. (Last) <u>Tyler</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 9, 1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>July 6, 1936</u>		9. AGE (In years last birthday) <u>20</u>	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) <u>Attendant, Gas Service Station</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Johnson County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>S. Price Tyler</u>			13b. MOTHER'S MAIDEN NAME <u>Pauline Faulwell</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-39-7725</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Price Tyler, RFD 4, Warrensburg, Mo.</u>				ADDRESS _____	
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive Brain Injury</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Automobile Accident</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 13</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Johnson, Mo.</u>					
21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) (Minute) <u>1-5-57 11:30 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile Accident</u>					
22. I hereby certify that I attended the deceased from <u>1-5-1957</u> , to <u>1-9-1957</u> , that I last saw the deceased alive on <u>1-9-1957</u> , and that death occurred at <u>6:35 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Keith D Jones, MD</u>				23b. ADDRESS <u>Warrensburg, Mo</u>		23c. DATE SIGNED <u>1-10-57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12 Jan 57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Warrensburg, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>Jan 17, 1957</u>		REGISTRAR'S SIGNATURE <u>Savannah Mitchell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sweeney-Phillips, Warrensburg, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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 *J. Earl Priest*.....
Licensed Embalmer No. 3878

P. O. Address *Warrensburg*

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.