

FILED JUL 12 1957

STANDARD CERTIFICATE OF DEATH

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 277

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, give TOWNSHIP only) OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN JKansasCity 3108 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Indep. Sanit. & Hosp		Length of stay in 1b 10 days	d. STREET ADDRESS (If outside, give location) 519 So. Ash Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MARY Middle FRANCES LEE Last TYER			4. DATE OF DEATH Month July Day 3 Year 1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 11, 1920
9. AGE (In years at birthday) 36		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) Asst. Office Supr.		10b. KIND OF BUSINESS OR INDUSTRY Insurance	11. BIRTHPLACE (City and state or country) Jackson County Fairmount, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Ernest N. Lee	
13b. MOTHER'S MAIDEN NAME Elizabeth Pennington		14. NAME OF HUSBAND OR WIFE Herman F. Tyer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give dates of service) no none		16. SOCIAL SECURITY NO. 490-16-7075	
17. INFORMANT Herman Tyer, 519 So. Ash, K. C., Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Kidney DUE TO (b) generalized metastatic Ca of lung, liver, Pleura, Peritoneum DUE TO (c) lung, liver, Pleura, Peritoneum PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 180X			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour - a.m. - p.m. -		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from May 2, 1957 to July 3, 1957 and last saw her alive on July 3, 1957 Death occurred at 1:15 P.M. on the date stated above; and to the best of my knowledge, from the cause's stated.			
22a. SIGNATURE Fred W. Ank, M.D. (Degree or title)		22b. ADDRESS 10229 Independence Kc Mo 64114	
22c. DATE SIGNED 7/5/57		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE July 5, 1957		23c. NAME OF CEMETERY OR CREMATORY Mt. Washington	
23d. LOCATION (City, town, or county) (State) Kansas City, Missouri		24. FUNERAL DIRECTOR George C. Carson, Independence, Mo.	
25. DATE RECD. BY LOCAL REG. 7-5-57		26. REGISTRAR'S SIGNATURE James Gray	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Everett J. Smith*

Licensed Embalmer No. *5001*
P. O. Address *H. C. MD*

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.