

FILED FEB 25 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008605

STATE FILE NUMBER

Registration District No. 362 Primary Registration District No. 6234 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Warren			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Warren		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Elkhorn township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Warrenton		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hiway 47 South		Length of stay in 1b 15 months	d. STREET ADDRESS (If outside, give location) R.R. #1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Dewey Middle Howard Last Tyarks			4. DATE OF DEATH Month Feb. Day 18, Year 1958		
5. SEX Male	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 12, 1924	9. AGE (In years last birthday) 33	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) Serviceman		10b. KIND OF BUSINESS OR INDUSTRY Turcking Co.	11. BIRTHPLACE (City and state or country) Sayra, Oklahoma	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Tyarks		13b. MOTHER'S MAIDEN NAME Nannie Martin		14. NAME OF HUSBAND OR WIFE Mary Ann Tyarks	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War II		16. SOCIAL SECURITY NO. 499-18-7745	17. INFORMANT Address Mary Ann Tyarks Warrenton, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) From Body badly lacerated Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) Being of home DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 9160 16					INTERVAL BETWEEN ONSET AND DEATH 2
20a. ACCIDENT <input checked="" 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.) Trapped in being home			
20c. TIME OF INJURY 11:30 p.m. Feb 18 58		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION Warrenton		COUNTY Warren	STATE Mo.
21. I attended the deceased from 11:30 to _____ and last saw her/him alive on _____ Death occurred at _____ p. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) F. H. Frigger D.C.			22b. ADDRESS Warrenton		22c. DATE SIGNED 2/18/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2-19-58	23c. NAME OF CEMETERY Memorial Park		23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
24. FUNERAL DIRECTOR Ortmann Funeral Home,		ADDRESS Mo.	25. DATE RECD. BY LOCAL REG. Feb 20, 1958	26. REGISTRAR'S SIGNATURE Floyd Logan	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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STATE OF MISSOURI
 DEPARTMENT OF HEALTH
 BUREAU OF PUBLIC HEALTH
 ST. LOUIS, MISSOURI
 FEB 26 1958
 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. 3897
 P. O. Address Warrington, _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{NOT} embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
 Signature of Student Embalmer _____

Signed John Lieburg
 Licensed Embalmer No. 3897
 P. O. Address Warrington, _____

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.