Health, & Welfare Public Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-017637
STATE FILE NUMBER

FILED JUN 4 1958 Registration District No. 74 Primary Registration District No. 4135 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY: Clinton
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Gower — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Residence — Length of stay in Ib: 5 months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Clinton
c. CITY OR TOWN: Gower 0250 0 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Henry Middle: V. Last: Tyler

4. DATE OF DEATH: Month: May Day: 13 Year: 1958

5. SEX: male 0

6. COLOR OR RACE: white

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Sept. 18, 1884

9. AGE (In years last birthday): 73 — 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): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (City and state or country): Buchanan Co. Mo. 0

12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME: Henry Tyler

13b. MOTHER'S MAIDEN NAME: Mary Barton

14. NAME OF HUSBAND OR WIFE: Ora Tyler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Ora Tyler, Address: Gower, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinomatosis generalized — INTERVAL BETWEEN ONSET AND DEATH: 4 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma of Stomach — 5 yrs.
DUE TO (c) 151X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerotic Heart Disease

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ] 0

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 Feb. 1957, to May 13, 1958 and last saw him alive on May 12, 1958
Death occurred at 2 00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John P. Mabry (Degree or title) M.D. 0

22b. ADDRESS: Plattsburg, Mo.

22c. DATE SIGNED: May 14, 1958

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: May 15, 1958

23c. NAME OF CEMETERY OR CREMATORY: Agency Cemetery

23d. LOCATION (City, town, or county) (State): Agency Mo.

24. FUNERAL DIRECTOR ADDRESS: John H. Murray, Gower, Mo.

25. DATE RECD. BY LOCAL REG.: May 15, 1958

26. REGISTRAR'S SIGNATURE: Elizabeth Acuarco

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 Me, Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed John H. Murray

Licensed Embalmer No. 2893

P. O. Address Gower, 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.