

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040374

NOV 18 1958 Registration District No. 146 Primary Registration District No. 4237 Registrar's No. 476

STATE FILE NUMBER

S. 300
1-57

All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. MEDICAL CERTIFICATION

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 Raytown		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Raytown		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 10717 E. 71 Terrace		Length of stay in 1b 12 yrs	700 ^d STREET ADDRESS (If outside, give location) 10717 E. 71 Terrace		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First LLOYD Middle L. Last TYSON			4. DATE OF DEATH Month Nov. Day 9, 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 Sept. 28, 1912	9. AGE (In years last birthday) 46 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) Receiving Clerk		10b. KIND OF BUSINESS OR INDUSTRY Safeway Stores		11. BIRTHPLACE (City and state or country) Fairview, Mo.	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Frank Tyson		13b. MOTHER'S MAIDEN NAME Ada Davis	
14. NAME OF HUSBAND OR WIFE Anna Marie Tyson		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II		16. SOCIAL SECURITY NO. 441-09-4684	
17. INFORMANT Mrs. Anna Marie Tyson		Address Terrace		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary thrombosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201	
19. INTERVAL BETWEEN ONSET AND DEATH 30 min		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4201		20c. TIME OF INJURY Hour _____ Month, Day, Year _____ 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 Death occurred at 11:30 AM on the date stated above; and to the best of my knowledge, from the causes stated.		21. I attended the deceased from June 2-1958 to 10-9-58 and last saw him alive on Oct 26-1958		22a. SIGNATURE (Degree or title) John T. Skinner MD	
22b. ADDRESS 1102 Grand. KCMO		22c. DATE SIGNED 11-10-58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 11-11-1958		23c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City Mo	
24. FUNERAL DIRECTOR Melody-McGilley-Evlar Funeral Home		ADDRESS Woodland-Linwood		25. DATE RECD. BY LOCAL REG. 11-11-58	
26. REGISTRAR'S SIGNATURE James Gray					

(Licensed Embalmer's Statement on Reverse Side)

8581 8 : NOV

Dr. J. H. Stewart
Bryant Bldg
Rm 2-7010

1:30 PM - 6 PM

Exchange in Carson's
in July, Mo.

411
No. 390
Emb...

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 *Markus Barthelemy*

Licensed Embalmer No. *4903*
P. O. Address *R.C.M.*

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.