

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20-000227
STATE FILE NUMBER

FILED JAN 12 1959 Administration District No. 38 Primary Registration District No. 3006 Registrar's No. 15

300
1-57

1. PLACE OF DEATH a. COUNTY Boone			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Columbia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 600 S. Williams St.		Length of stay in 1b 5 Yrs	d. STREET ADDRESS (If outside, give location) 600 S. Williams		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ARTHUR TYLER			4. DATE OF DEATH Month Day Year January 6, 1959		
5. SEX Male <input checked="" type="checkbox"/>	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 May 12, 1918	9. AGE (In years last birthday) 40	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) Retail - Heating Equipment		10b. KIND OF BUSINESS OR INDUSTRY Retail Heating	11. BIRTHPLACE (City and state or country) Kansas City, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Arthur W. Tyler		13b. MOTHER'S MAIDEN NAME Cora Longist		14. NAME OF HUSBAND OR WIFE Evelyn Spalding	
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. 186-07-4506	17. INFORMANT Address Mrs. Evelyn Tyler, Columbia, 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) <i>Ventricular fibrillation</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Atherosclerotic heart disease</i> DUE TO (c) <i>Diabetes mellitus</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Diabetes mellitus</i>					INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs.</i>
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.)		
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 <i>15 Nov '55</i> to <i>6 Jan 59</i> and last saw him alive on <i>3 Jan 59</i> Death occurred at <i>5:45 A</i> m on the date stated above, and to the best of my knowledge from the causes stated.					
22a. SIGNATURE <i>R P Ladson M D</i> (Degree or title)		22b. ADDRESS <i>Columbia, Mo.</i>		22c. DATE SIGNED <i>6 Jan 59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Jan. 8, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Forest Hills Cemetery</i>		23d. LOCATION (City, town, or county) <i>Kansas City, Missouri.</i> (State)	
24. FUNERAL DIRECTOR <i>Parker Funeral Service, Columbia, Mo.</i> ADDRESS		25. DATE RECD. BY LOCAL REG. <i>Jan 7 1959</i>	26. REGISTRAR'S SIGNATURE <i>Mrs R E Palmer</i>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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

JAN 19 1959

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. P. Phillips*
Licensed Embalmer No. *4897*

P. O. Address *Columbia, 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.