

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017994

STATE FILE NUMBER

FILED MAY 21 1959

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2150

| | | | |
|---|-------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Gen. Hospital</u> | | Length of stay in lb <u>30 Yrs.</u> | d. STREET ADDRESS (If outside, give location) <u>5167 Prospect</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>SAMUAL</u> Middle <u>T</u> Last <u>TYLER</u> | | | 4. DATE OF DEATH Month <u>4</u> Day <u>26</u> Year <u>59</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>3 20 1902</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Brewery worker</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years past birthday) <u>57</u> |
| 11. BIRTHPLACE (City and state or country) <u>Springfield, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u> | |
| 13a. FATHER'S NAME <u>Charles Tyler</u> | | 13b. MOTHER'S MAIDEN NAME <u>Maude Jones</u> | 14. NAME OF HUSBAND OR WIFE <u>Thelma Lee Tyler</u> |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>X</u> | | 16. SOCIAL SECURITY NO. <u>496 05 1535</u> | 17. INFORMANT Address <u>Mrs. Thelma Lee Tyler, R.C. Mo.</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cirrhosis of liver</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | INTERVAL BETWEEN ONSET AND DEATH <u>5810</u> |
| 19. WAS AUTOPSY PERFORMED? <u>2</u> YES <input type="checkbox"/> NO <input checked="" 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 _____ 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 <u>4-10-59</u> to <u>4-26-59</u> and last saw ^{him} alive on <u>4-26-59</u> . Death occurred at <u>9:25 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Abraham Gelperin</u> (Degree or title) _____ | | 22b. ADDRESS <u>Gen. Hospital</u> | 22c. DATE SIGNED <u>4-27-59</u> |
| 23a. BURIAL, CREMATION, REMOVAL (specify) <u>Burial</u> | 23b. DATE <u>4 29 1959</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills</u> | 23d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>Floral Hills Memorial Chapels, Inc</u> | | 25. DATE RECD. BY LOCAL REG. <u>4-29-59</u> | 26. REGISTRAR'S SIGNATURE <u>Wesley Marshall</u> |

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

100
-57

Abraham Gelperin M.D. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
All diseases in Part I must be causally related.
Doctor, coroner, etc. must use only standard.



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 *Forrest O. Coldman*

Licensed Embalmer No. *4714*

P. O. Address *K.E. 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.