

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021740

STATE FILE NUMBER

FILED JUN 17 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2695

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| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY JACKSON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN KANSAS CITY | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph | Length of stay in lb 1 Mo. | d. STREET (If inside, give location) ADDRESS 8501 GRACE | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last Chyde W Tyrrell | | | 4. DATE OF DEATH Month Day Year MAY 29 1959 | | | |
| 5. SEX Male | 6. COLOR OF 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 Feb. 11, 1891 | | 9. AGE (In years, months, days, hours, min.) 68 | |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) FARMER | 10b. KIND OF BUSINESS OR INDUSTRY FARM | 11. BIRTHPLACE (City and state or country) PERRY, KANSAS | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME HENRY J. TYRRELL | 13b. MOTHER'S MAIDEN NAME Cordelia Michael | 14. NAME OF HUSBAND OR WIFE Evelyn F. Tyrrell |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown. If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. 487-03-6550 | 17. INFORMANT Ms Evelyn Tyrrell Address 8501 Grace |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of bladder with metastases | | INTERVAL BETWEEN ONSET AND DEATH 6-MO |
| 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) | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |

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| 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.) 1810 |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____ | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20e. CITY, TOWN, OR LOCATION | COUNTY | STATE |
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| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. CITY, TOWN, OR LOCATION | COUNTY | STATE |
|--|------------------------------|--------|-------|

21. I attended the deceased from **3-11-59** to **5-29-59** and last saw her alive on **5-29-59**
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) R. R. [Signature] M.D. | 22b. ADDRESS 1027 E. 75, A.C. MO | 22c. DATE SIGNED 6-1-59 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE June 1, 1959 | 23c. NAME OF CEMETERY OR CREMATORY GREEN LAWN | 23d. LOCATION (City, town, or county) (State) KANSAS CITY, Mo. |
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| 24. FUNERAL DIRECTOR Kepley-Hinton ADDRESS Raytown, Mo. | 25. DATE RECD. BY LOCAL REG. 6-1-59 | 26. REGISTRAR'S SIGNATURE Reva Minchall |
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(Licensed Embalmer's Statement on Reverse Side)

H.R. Lyndon, JR. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

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 *John R. Didenor*

Licensed Embalmer No. *453*

P. O. Address *Kansas City*

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.