

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040433

FILED VS NOV 17 1959

149

Registration District No. 1002

Registrar's No.

5266

STATE FILE NUMBER

UNDECEASED

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 Kansas City		Length of stay in 1b 3 mo.		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osteopathic Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3920 McGee			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Iddo Middle Tyger Last Tyger				4. DATE OF DEATH Month Oct. Day 30 Year 1959				
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 10-9-91	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrical Line Foreman			10b. KIND OF BUSINESS OR INDUSTRY U.S. Steel		11. BIRTHPLACE (City and state or country) Rossiter, Penna.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Alex Tyger			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Ardice Tyger		
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. 278-10-2047		17. INFORMANT Address Ardice Tyger, 3920 McGee, Kansas City				
18. CAUSE OF DEATH (Enter only one cause by (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction DUE TO (b) Acute myocardial decompensation DUE TO (c) Arteriosclerotic heart disease with previous infarction 11/29							INTERVAL BETWEEN ONSET AND DEATH 2 days 1 day	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							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 type="checkbox"/> NO <input 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 a.m. p.m.		Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <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>1-4-57</u> to <u>10-30-59</u> and last saw her <u>10-30-59</u> live on Death occurred at <u>10-30-59</u> <u>7:15 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Kenneth Adler, D.O.				22b. ADDRESS 5811 Truman Rd.			22c. DATE SIGNED 10-31-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3 Nov 1959	23c. NAME OF CEMETERY OR CREMATORY Half Day Cemetery		23d. LOCATION (City, town, or county) Elmont, Kansas		(State)	
24. FUNERAL DIRECTOR ADDRESS D.W. Newcomers Sons Kansas City, Mo.				25. DATE RECD. BY LOCAL REG. 11-2-59		26. REGISTRAR'S SIGNATURE Wes Marshall		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Kenneth Adler

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 Marvin D. Preston

Licensed Embalmer No. 5040

P. O. Address K. C. 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.