URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-040434

FILED VS DEC 10 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5797 STATE FILE NUMBER

MENDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b 22 mo.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 2722 Benton — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 2722 Benton Blvd. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First FRANCES Middle Last TYREE

4. DATE OF DEATH Month Dec. Day 1 Year 1959

5. SEX Fe
6. COLOR OR RACE Col
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2-8-1878
9. AGE (last birthday) 81 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (City and state or country) Tenn.
12. CITIZEN OF WHAT COUNTRY U. S.

13a. FATHER'S NAME Sam Palmer
13b. MOTHER'S MAIDEN NAME Martha ?
14. NAME OF HUSBAND OR WIFE Walter Tyree

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Viola Lisben Address 2722 Benton

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 30 d
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arterial Hypertension
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 11-8-59, to 12-1-59 and last saw her/him alive on 12-1-59.
Death occurred at 12-1-59 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C W Alexander MD
22b. ADDRESS 1512 N. S [signature]
22c. DATE SIGNED 12-1-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Dec. 2, 1959
23c. NAME OF CEMETERY OR CREMATORY —
23d. LOCATION (City, town, or county) (State) Boley, Oklahoma

24. FUNERAL DIRECTOR Nathan W. Thatcher ADDRESS K.C.K.
25. DATE RECD. BY LOCAL REG. 12-1-59
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF C. W. Alexander

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_____ Signed Clifford J. Woods

Signature of Student Embalmer

Licensed Embalmer No. 3106

P. O. Address 1520 M.S

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.