

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-016364

FILED VS APR 25 1960

274

Primary Registration District No. 3052

Registrar's No. 159

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY PETTIS			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY PETTIS		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SEDALIA		Length of stay in 1b 1-DAY	c. CITY OR TOWN WAMONTE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BOTHWELL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.F.D # 1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOHN Middle RICHARD Last TYLER			4. DATE OF DEATH Month 4 Day 20 Year 1960		
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 1-20-1913	9. AGE (last birthday) 47	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) WAMONTE MO	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME LLOYD W. TYLER		13b. MOTHER'S MAIDEN NAME GRACE ROBERTSON		14. NAME OF HUSBAND OR WIFE HELEN TYLER.	
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.		17. INFORMANT Helen Tyler La Monte Mo Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Posterior Myocardial Infarction					INTERVAL BETWEEN ONSET AND DEATH 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis					2 years
DUE TO (c) Diabetic Mellitus					13 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Kernell Steel-Wilson Syndrome					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 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 1954 to 1960 and last saw her/him alive on 4-20-60 Death occurred at 6:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (In blue or black ink) Charles B. [Signature] M.D.			22b. ADDRESS Secret Springs, Mo		22c. DATE SIGNED 4-20-60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4-22-1960	23c. NAME OF CEMETERY OR CREMATORY MT. Zion		23d. LOCATION (City, town, or county) (State) WAMONTE MO	
24. FUNERAL DIRECTOR Paul M. Moore La Monte Mo ADDRESS		25. DATE RECD. BY LOCAL REG. Apr 22. 1960		26. REGISTRAR'S SIGNATURE Frances Shelby	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 21 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte

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