

**IRI, DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS AUG 23 1960

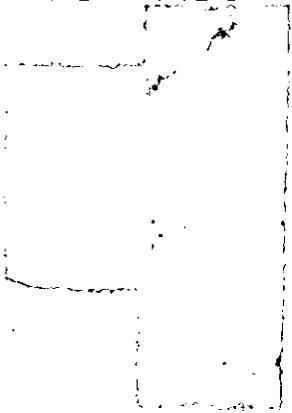
**60-030848**  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 2002 Registrar's No. 4100

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in lb <b>45 yrs.</b>		c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>4238 Olive</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>4238 Olive</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>Mary</b> Middle <b>Helen</b> Last <b>Tyree</b>				4. DATE OF DEATH Month <b>August</b> Day <b>8</b> Year <b>1960</b>									
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>8-2-1866</b>		9. AGE (last birthday) <b>94</b>		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) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>			11. BIRTHPLACE (City and state or country) <b>Wisconsin</b>			12. CITIZEN OF WHAT COUNTRY <b>USA</b>				
13a. FATHER'S NAME <b>J. Allen Hardy</b>				13b. MOTHER'S MAIDEN NAME <b>Emily Edstron</b>				14. NAME OF HUSBAND OR WIFE <b>James Tyree</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Marie H. Hardy, 4238 Olive, K. C. Mo.</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Broncho-pneumonia (hypostatic)</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cerebral vascular accident</b> DUE TO (c) <b>Arteriosclerosis</b>										INTERVAL BETWEEN ONSET AND DEATH <b>8 days</b> <b>10 days</b> <b>20 yrs</b>			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
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 <b>3/19/40</b> to <b>8/7/60</b> and last saw her <sup>her</sup> <sub>him</sub> alive on <b>8/6/60</b> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <b>Joseph A. Fogarty</b>				22b. ADDRESS <b>402 W. Lincoln St. R. 69 Mo.</b>				22c. DATE SIGNED <b>8/9/60</b>					
23a. BURIAL / CREMATION, Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> (Specify)		23b. DATE <b>8-10-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery</b>				23d. LOCATION (City, town, or county) (State) <b>Joplin, Missouri</b>					
24. FUNERAL DIRECTOR <b>Melody-McGilley-Eylar</b>				ADDRESS <b>20 W Linwood K.C.Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>8-9-60</b>		26. REGISTRAR'S SIGNATURE <b>H. L. Dwyer</b>					

DOCUMENT

BY AFFIDAVIT OF Joseph A. Fogarty, M.D. MEDICAL CERTIFICATION



ME. 1-4644

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Wm. H. [Signature]*

Licensed Embalmer No. 503

P. O. Address K. C. [Signature]

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