

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036029

MENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

1090

STATE FILE NUMBER

AMENDED

FILED NOV 6 1961

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural: Agency Twp.		Length of stay in 1b life	c. CITY OR TOWN Agency
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 1/2 miles north of Agency, Mo		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R. R. #1
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last Wilbur W. Tyler			4. DATE OF DEATH Month Day Year October 27, 1961		
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 12/14/1912	9. AGE (last birthday) 48	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 farm	11. BIRTHPLACE (City and state or country) Agency, Mo.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME A. T. Tyler		13b. MOTHER'S MAIDEN NAME Maude Jackson		14. NAME OF HUSBAND OR WIFE Ila Juanita 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 Address Mrs. Ila Tyler, R. R. #1, Agency, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Traumatic Shock + Obstruction			INTERVAL BETWEEN ONSET AND DEATH stroke
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bushings injury to left chest +			stroke
DUE TO (c) Strangulation by T shirt			stroke
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) Clothing caught in power tap off of Combina			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 <input checked="" 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.) Was Combining saw bears.	
20c. TIME OF INJURY Hour a.m. 1130 Month, Day, Year Oct 27 61	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm home Agency Rt 1 Buchanan Mo		
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) Agency Buchanan Mo		

21. I attended the deceased from **viewed body** and last saw **him alive** on **Oct 27-61**
Death occurred at **1130 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) S.E. Melaney MD Coronor		22b. ADDRESS 214 Kirkpatrick Bldg. St. Joseph 8, Mo		22c. DATE SIGNED Oct 27 61	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 10/29/1961	23c. NAME OF CEMETERY OR CREMATORY Agency Cemetery	23d. LOCATION (City, town, or county) (State) Agency Missouri		
24. FUNERAL DIRECTOR Horton Bowman		ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. Oct. 30, 1961	26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell	

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

S.E. Melaney, Registrar

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 William Spalding

Licensed Embalmer No. 4535

P. O. Address St Joseph, 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.