

FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH16204
State File No. 87

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>3025</u>		Registrar's No. <u>87</u>	
1. PLACE OF DEATH a. COUNTY <u>HOWELL</u> b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>WEST PLAINS, MISSOURI</u> c. LENGTH OF STAY (in this place) township) <u>24 yrs</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>X</u> <u>7</u> <u>X</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>HOWELL 0461</u> c. CITY OR TOWN <u>WEST PLAINS,</u> d. Is Residence within limits of a city or incorporated town? Yes <u>X</u> No <u>0</u> e. STREET ADDRESS (If rural, give location) <u>1122 Lincoln Ave.,</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BERTIE LOU</u> b. (Middle) <u>TYSON</u> c. (Last) _____				4. DATE OF DEATH (Month) (Day) (Year) <u>4-20-56</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>4-16-1878</u>	
9. AGE (In years last birthday) <u>77</u>		10. AGE (In years last birthday) <u>11</u>		11. AGE (In years last birthday) <u>24</u>		12. AGE (In years last birthday) <u>Hours</u> <u>Mins.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>DORA, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>JAMES WARDEN</u>				13b. MOTHER'S MAIDEN NAME <u>NANCY J. FORD</u>		14. NAME OF HUSBAND OR WIFE <u>WILL TYSON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>X</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>WILL TYSON, WEST PLAINS, MO</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES (b) <u>Arteriosclerosis of heart</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary emphysema</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> <u>10 years</u>			
19a. DATE OF OPERATION <u>4 200</u>		19b. MAJOR FINDINGS OF OPERATION <u>4 200</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>21a. ACCIDENT SUICIDE HOMICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>21b. PLACE OF INJURY</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>21c. (CITY, TOWN, OR TOWNSHIP)</u>		21d. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>21d. (CITY, TOWN, OR TOWNSHIP)</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>21d. TIME OF INJURY</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <u>21e. INJURY OCCURRED</u>		21f. HOW DID INJURY OCCUR? <u>21f. HOW DID INJURY OCCUR?</u>			
22. I hereby certify that I attended the deceased from <u>March 8, 1955</u> to <u>April 20, 1956</u> , that I last saw the deceased alive on <u>4/10</u> , 19 <u>56</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>M. L. Joudan</u>				23b. ADDRESS <u>M.D. West Plains</u>		23c. DATE SIGNED <u>5/4/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>24a. BURIAL, CREMATION, REMOVAL</u>		24b. DATE <u>4-15-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HAWKINS RIDGE</u>		24d. LOCATION (City, town, or county) (State) <u>BAKERSFIELD, MO</u>	
DATE REC'D BY LOCAL REG. <u>5-24-56</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>ROBERTSONS, WEST PLAINS, MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 

Licensed Embalmer No. 34

P. O. Address West H

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.