S. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 16 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28524

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 680

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 hrs (Specify whether

In this community ... years, months or days) 21 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk

(c) City or town Aldrich Mo R 2
(If outside city or town limits write "RURAL")

(d) Street No. R 7 D #2
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ... years.

3. (a) PRINT FULL NAME Calvin Dean Tygart.

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Madge M. Mitchell

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Jan. (Month) 15 (Day) 1890 (Year)

8. AGE: Years 50 Months 7 Days 2 If less than one day ... hr. ... min.

9. Birthplace Dade County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business General farming

FATHER
12. Name Nathan Tygart.
13. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Mary Cheek
15. Birthplace Unknown (City, town, or county) Tenn (State or foreign country)

16. (a) Informant Madge M. Tygart
(b) Address Aldrich Mo R 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 18-40 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Ridge County

18. (a) Signature of funeral director Gene Bohn
(b) Address Walnut Grove Mo

19. (a) Aug 18, 1940 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature) RJB

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17 year 1940 hour 7 minute 10 A.M.

21. I hereby certify that I attended the deceased from Aug. 16, 1940, to Aug 17, 1940; that I last saw him alive on Aug 17, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	36 hr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) M.D.
Address Med Arts Bldg, Springfield, Mo. Date signed 8-17-40

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Gene A Brown

Licensed Embalmer No. Kelly

P. O. Address Walnut Grove

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 this body is not embalmed, above space should be left blank.