

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 406229  
Registrar's No. 14927

FILED JAN 13 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5678

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

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Laclede</u>   |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u> |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Falcon</u>  |  | c. LENGTH OF STAY (in this place) <u>86 yrs</u>                        | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Falcon</u>  |  | d. STREET ADDRESS (If rural, give location) <u>Rural Route</u>                   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION   |  |  |   |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>Caroline</u> c. (Last) <u>Tyre</u>  |  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>12 31 1948</u>   |  |  |
| 5. SEX <u>F</u>   | 6. COLOR OR RACE <u>White</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed?</u> | 8. DATE OF BIRTH <u>Jan 23 1862</u>   | 9. AGE (In years last birthday) <u>86</u>          | IF UNDER 1 YEAR Months _____ Days _____  |
| 10a. USUAL OCCUPATION (Give kind of work dominating most of working life, even if retired) <u>Housewife</u>   | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (State or foreign country) <u>Laclede Co Mo.</u>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                                       |
| 13a. FATHER'S NAME <u>Robert P. Kincheloe</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Mary Dyer</u>                             |   | 14. NAME OF HUSBAND OR WIFE <u>William H. Tyre</u> |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>  |  | 16. SOCIAL SECURITY NO.  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jesse P. Tyre Falcon Mo.</u>   |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i><br><u>53</u>   | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ca. Trace Right eye region</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br>_____ |  |   |  | INTERVAL BETWEEN ONSET AND DEATH <u>71</u>                                       |
| 19a. DATE OF OPERATION  | 19b. MAJOR FINDINGS OF OPERATION <u>no</u>   |  |   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)                        |   |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)   | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   | 21f. HOW DID INJURY OCCUR?   |   |  |  |
| 22. I hereby certify that I attended the deceased from <u>5-31, 1947</u> , to <u>12-31, 1948</u> , that I last saw the deceased alive on <u>6-17, 1947</u> , and that death occurred at <u>79</u> m., from the causes and on the date stated above. |  |  |   |  |  |
| 23a. SIGNATURE (Degree or title) <u>R. E. Farrell MD</u>  |  |  | 23b. ADDRESS <u>Lebanon Mo</u>  |  | 23c. DATE SIGNED <u>1-3-49</u>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   | 24b. DATE <u>Jan 2 1949</u>  | 24c. NAME OF CEMETERY OR CREMATORY <u>Brownfield Cemetery</u>          | 24d. LOCATION (City, town, or county) (State) <u>Laclede Co Mo. #64</u>   |  |  |
| DATE REC'D BY LOCAL REG. <u>1-4-49</u>  | REGISTRAR'S SIGNATURE <u>Jessie B. Lynly #114</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. E. Holman Lebanon Mo.</u>  |  |  |

**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 .....  
Student Embalmer

Signed Darsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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 this body is not embalmed, fact should be so stated above.