

FILED FEB 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2243

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY PUTNAM		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PUTNAM	
b. CITY (If outside corporate limits, write RURAL and give township) UNIONVILLE		c. CITY (If outside corporate limits, write RURAL and give township) UNIONVILLE	
c. LENGTH OF STAY (in this place) 59 YEARS		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) ELIZABETH ARTIE TYSOR			4. DATE OF DEATH MONTH DAY YEAR JANUARY 15 1949		
a. (First)		b. (Middle)		c. (Last)	

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB. 4 1879	9. AGE (in years last birthday) 69	# UNDER 1 YEAR Months II	YEAR Days II	# UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK	10b. KIND OF BUSINESS OR INDUSTRY HOUSEHOLD	11. BIRTHPLACE (State or foreign country) DAVIS COUNTY, IOWA	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME WILLIAM DOYLE	13b. MOTHER'S MAIDEN NAME FANNIE CONWAY	14. NAME OF HUSBAND OR WIFE JAMES TYSOR Unionville Mo
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS JAMES TYSOR UNIONVILLE, MO.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1 week	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis & hypertension			years
	DUE TO (c) general anemia			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from June 3, 1946, to Jan 15, 1949, that I last saw the deceased alive on Jan 15, 1949, and that death occurred at 10 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Phys. L. Judd)	(Degree or title)	23b. ADDRESS 202 Unionville Mo	23c. DATE SIGNED 1-16-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN. 18 1949	24c. NAME OF CEMETERY OR CREMATORY UNIONVILLE CEMETERY	24d. LOCATION (City, town, or county) UNIONVILLE MISSOURI
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DATE REC'D BY LOCAL REG. 1-29-49	REGISTRAR'S SIGNATURE Marvell Durbin	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Comstock & Unruh Home Unionville, Mo. 27 J. W. Comstock
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

86
10

RECEIVED

District Health Officer No. 1

District File Number 2442

Date Filed FEB-2-1949

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 _____

Richard P Cassidy

Student Embalmer No. 76

working under my personal supervision.

Signed Richard P Cassidy
Student Embalmer

Signed James W Pomstock

Licensed Embalmer No. 4197

P. O. Address Yononville, 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.