

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 41421

FILED DEC 27 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 2040 Registrar's No. 197

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY OR TOWN <u>Chillicothe</u>		c. CITY OR TOWN <u>Chillicothe</u>	
c. LENGTH OF STAY (In this place) <u>20 years</u>		d. STREET ADDRESS (If rural, give location) <u>60 Cherry</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>60 Cherry</u>			

3. NAME OF DECEASED (Type or Print)			a. (First) <u>Drew</u>			b. (Middle) <u>P</u>			c. (Last) <u>Tye</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 17, 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb 6, 1874</u>		9. AGE (In years last birthday) <u>76</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 1 HR. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (State or foreign country) <u>Lock Springs, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		

13a. FATHER'S NAME <u>Josiah Tye</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown Miller</u>			14. NAME OF HUSBAND OR WIFE <u>Ella Gibson Tye</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. <u>None</u>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Donald Tye; 6720 Locust; Kansas City, Mo.</u>		

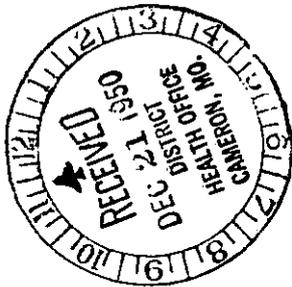
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u>						<u>151X</u>	
		ANTECEDENT CAUSES							
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) _____							
		DUE TO (c) _____							
		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"/>	

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) m.		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 Aug-26, 1950, to Dec 17, 1950 that I last saw the deceased alive on Dec 14, 1950, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. Collier M.D.</u>			23b. ADDRESS <u>Chillicothe Mo</u>			23c. DATE SIGNED <u>Dec 17/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-19-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lock Springs</u>		24d. LOCATION (City, town, or county) (State) <u>Lock Springs, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Dec 17/50</u>		REGISTRAR'S SIGNATURE <u>Frances A. Naillo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman Funeral Home</u>		ADDRESS <u>Chillicothe, Mo</u>		

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Elton Norman*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4036*

P. O. Address *Chillicothe, 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.