

FILED MAR 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7625

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 319

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) Rural Bloomington Twsp. /	
d. FULL NAME OF HOSPITAL OR INSTITUTION IDLE HOUR NURSING HOME 218 So. 10th St.		d. STREET ADDRESS (If rural, give location) R.F.D. # 1, DeKalb, Mo.	

3. NAME OF DECEASED (Type or Print)	a. (First) FRANCIS	b. (Middle) M.	c. (Last) TYLER	4. DATE OF DEATH (Month) 3 (Day) 18 (Year) 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 9-28-1874	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) DeKalb, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James Tyler	13b. MOTHER'S MAIDEN NAME Ammie Silvers	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Joe Miller, DeKalb, Mo.	ADDRESS
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema		INTERVAL BETWEEN ONSET AND DEATH 6 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease		Unknown
	DUE TO (c) Arteriosclerosis		Unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4200	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 May 26, 1950, to 3-18-51, 19____, that I last saw the deceased alive on Mar 12, 1951, and that death occurred at 2:33A. m., from the causes and on the date stated above.

23a. SIGNATURE Clarence C. Schneider	(Degree or title)	23b. ADDRESS Schneider Building St. Joseph, Missouri	23c. DATE SIGNED 3-20-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-20-1951	24c. NAME OF CEMETERY OR CREMATORY Westlawn Cemetery	24d. LOCATION (City, town, or county) (State) DeKalb, Missouri
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DATE REC'D BY LOCAL REG. Mar 23, 1951	REGISTRAR'S SIGNATURE Carl C. Casady	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS St. Joseph, Mo.
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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

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *John E. Rupp*.....

Licensed Embalmer No. *3986*.....

P. O. Address *St. Joseph, 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.