

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31048

State File No.

FILED SEP 19 1951

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>5935</u>		Registrar's No. <u>272</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Sedalia</u>		0800	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Buena Vista Home</u>				d. STREET ADDRESS (If rural, give location) <u>Buena Vista Home</u>			
3. NAME OF DECEASED a. (First) <u>Lucy</u>			b. (Middle) <u>MARGARET</u>		c. (Last) <u>Tyree</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept-11-1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>April 2-1860</u>		9. AGE (In years last birthday) <u>91</u>	10 UNDER 1 YEAR <u>5</u> Months	10 UNDER 1 YEAR <u>9</u> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Reid</u>		13b. MOTHER'S MAIDEN NAME <u>Annalisia Gabret</u>		14. NAME OF HUSBAND OR WIFE <u>Richard W. Tyree</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs L.W. Caldwell</u>		ADDRESS <u>Sedalia</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mysocarditis, Chronic</u>	ANTECEDENT CAUSES						
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (b) _____						
	DUE TO (c) _____						
II. OTHER SIGNIFICANT CONDITIONS	<u>Arteriosclerosis advanced</u>						
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		21d. (COUNTY) _____		21e. (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>July 14, 1951</u> to <u>Sept 11, 1951</u> , that I last saw the deceased alive on <u>Sept 11, 1951</u> , and that death occurred at <u>8:25 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Oliver Gordon Deupfuerh M.D.</u>				23b. ADDRESS <u>Sedalia, Mo</u>		23c. DATE SIGNED <u>9-12-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-13-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>		24d. LOCATION (City, town, or county) <u>Sedalia</u>		(State) <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-13-51</u>	REGISTRAR'S SIGNATURE <u>R. J. Campbell M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M^cLaughlin Bros</u>		ADDRESS <u>Sedalia</u>		

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

0800
4

RECEIVED 9-18-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-18-51

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.....
Student Embalmer

Signed *K.P.M. Cray*

Licensed Embalmer No. 2153

P. O. Address *Salsito 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.