

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13164

State File No. 1845

FILED MAY 3-1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____				
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>KANSAS</u>				b. COUNTY <u>LINN</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>5 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PARKER</u>				8		
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>ST. JOSEPH HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>PARKER, KANSAS</u>				K		
3. NAME OF DECEASED (Type or Print) a. (First) <u>FLORENCE</u>			b. (Middle) _____			c. (Last) <u>TYREE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-22-52</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>MARRIED</u> (Specify)		8. DATE OF BIRTH <u>2-2-1886</u>		9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 YRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GROCER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>GROCERY</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Robert Gray</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah E. Woolley</u>			14. NAME OF HUSBAND OR WIFE <u>Chas. A. Tyree</u>				
15. WAS DECEASED MEMBER 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>Chas. A. Tyree</u>			ADDRESS <u>Parker, Mo.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>UREMIA</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>SUB-ACUTE GLOMERULONEPHRITIS</u> DUE TO (c) _____ 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>59 1/2</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" 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) (COUNTY) (STATE)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and was satisfied as to the causes and on the date stated above.										
23a. SIGNATURE <u>Russell W. Kerr MD</u> (Degree or title)				23b. ADDRESS <u>St. Joseph Hosp. P.C. Mo.</u>				23c. DATE SIGNED <u>4-22-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>4-22-52</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>OSAWATOMIE, KANSAS</u>				
DATE REC'D BY LOCAL REG. <u>4-22-52</u>		REGISTRAR'S SIGNATURE <u>Heraldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE & MC CLURE KANSAS CITY, MO.</u>					

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

DEC 14 1953

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 J. S. Walton

Licensed Embalmer No. 2744

P. O. Address 11 e m

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.