

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 19 1952

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 156

812

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

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>	
c. LENGTH OF STAY (in this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>Walker Lane</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Phelps County Memorial Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>R.</u> c. (Last) <u>TYLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 13, 1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	
8. DATE OF BIRTH <u>April 27, 1892</u>		9. AGE (In years last birthday) <u>60</u>		10. IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. 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 <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Rolla, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>John Tyler</u>		13b. MOTHER'S MAIDEN NAME <u>Florence</u>		14. NAME OF HUSBAND OR WIFE <u>Florence</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>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Cecil Tyler Rolla, Mo.</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>Concussion of brain</u>		ANTECEDENT CAUSES <u>and fracture of several ribs, pneumonia, ruptured spleen, ruptured</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. <u>peptic ulcers, stomach</u>			DUE TO (c) <u>Contusions & laceration</u>
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <u>Contusions & laceration</u>		29. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			E8164 26
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION. <u>sustained in auto accident</u>			

21a. ACCIDENT (Specify) <u>auto</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, public building, etc.) <u>highway 66</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Sullivan Franklin MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>aug 9 52 11 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>head on auto collision.</u>	

22. I hereby certify that I attended the deceased from aug 9, 1952 to aug 12, 1952 that I last saw the deceased alive on aug 13, 1952 and that death occurred at 11:19 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. D. Stricker M.D.</u> (Degree or title)		23b. ADDRESS <u>Rolla Mo</u>		23c. DATE SIGNED <u>8-14-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 15, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rolla Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Rolla, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>Aug. 14, 1952</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul E. Null Rolla, Mo.</u>	
---	--	--	--	--	--

County File Number _____
D's Filed 8-18-52

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 _____ *Paul E. Null*

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.