

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31084**

BIRTH NO. _____ REG. DIST. NO. **74** PRIMARY REG. DIST. NO. **5293** Registrar's No. **42**

1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clinton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Atchison Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Atchison Twp.	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) P. F. D. Gower MO 0250	
d. FULL NAME OF HOSPITAL OR INSTITUTION P. F. D. Gower MO.			

3. NAME OF DECEASED (Type or Print) a. (First) IDA b. (Middle) MAY c. (Last) TYER			4. DATE OF DEATH (Month) (Day) (Year) Sept. 24 1952		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Oct 10 1877	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 11 Days 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Keeper		10b. KIND OF BUSINESS OR INDUSTRY x	11. BIRTHPLACE (State or foreign country) Colorado	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME FRANKLIN P. GORDON	13b. MOTHER'S MAIDEN NAME HANNA REED	14. NAME OF HUSBAND OR WIFE Louis J. TYER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louis J. Tyer Gower, MO.

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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma		INTERVAL BETWEEN ONSET AND DEATH 2 mos.
	ANTECEDENT CAUSES DUE TO (b) ? Carcinoma Bowel		
	DUE TO (c) Hypertensive - Arteriosclerotic		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Heart disease with congestive failure			6 mos.

19a. DATE OF OPERATION none	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? 153 X

22. I hereby certify that I attended the deceased from **4-28, 1951**, to **9-24, 1952**, that I last saw the deceased alive on **9-24, 1952** and that death occurred at **7 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) P. T. Luckenbill, MD	23b. ADDRESS Plattsburg, Mo.	23c. DATE SIGNED 9-25-52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9/24/52	24c. NAME OF CEMETERY OR CREMATORY Mt. Zion
DATE REC'D BY LOCAL REG. Sept 26, 1952		24d. LOCATION (City, town, or county) (State) Clinton Co., MO.
REGISTRAR'S SIGNATURE Elizabeth Seared		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. D. Lyon Plattsburg, MO.

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

250
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LED SEP 29 1952

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 Danell D. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg, N.Y.

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.