

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36128

State File No. _____

FILED OCT 23 1953

4800

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4800</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kansas City</u>)		c. LENGTH OF STAY (in this place) <u>32 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>3888</u> <u>0</u> <u>OR TOWN Kansas City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home - 6929 Walrond</u>				d. STREET ADDRESS (If rural, give location) <u>6929 Walrond</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>John</u>		b. (Middle)		c. (Last) <u>TYNER</u>	
4. DATE OF DEATH		a. (Month) <u>Oct.</u>		b. (Day) <u>3,</u>		c. (Year) <u>1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 19, 1898</u>	
9. AGE (In years last birthday) <u>54</u>		10. MONTHS <u>2</u>		11. DAYS <u>13</u>		12. IF UNDER 1 YEAR Hours <u> </u> Mts. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sheet Metalman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self-employed</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Seneca, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Franklin Tyner</u>		13b. MOTHER'S MAIDEN NAME <u>Cora Harris</u>		13c. NAME OF HUSBAND OR WIFE <u>John M. Tyner</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>96-03-1806</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John M. Tyner</u> ADDRESS <u>6929 Walrond, K.C., Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>1</u> <i>This does not mean mode of dying, such as fall, fatigue, asthma, etc., which the disease, injury, or complication has caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>metastatic Carcinoma - Liver</u> ANTECEDENT CAUSES <u>Carinoma colon</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</u> <u>1951</u> <u>153X</u>	
19a. DATE OF OPERATION		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?			
22. I hereby certify that I attended the deceased from <u>Aug 14</u> , 19 <u>53</u> , to <u>Oct 3</u> , 19 <u> </u> , that I last saw the deceased alive on <u>Oct 1</u> , 19 <u>53</u> , and that death occurred at <u> </u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm. R. Jackson</u> (Degree or title)		23b. ADDRESS <u>1107 Bryant Bldg</u>		23c. DATE SIGNED <u>10/5/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 5, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-5-53</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody-McGilley-Eylar</u> ADDRESS <u>1800 Linwood, K.C., Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

Dr. Wm. R. Jackson, M.D.
Bryant Bldg. - Vi. 0848

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 *James E. Hackleman*

Licensed Embalmer No. *4523*

P. O. Address *Kansas City, 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.

The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

State of Missouri

County of Jackson

ss.

State File No. 36128

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 4800

On this 16th day of Nov., 1953, before me appears Olive M. Tyner

who, upon her oath, states that the original record of ~~birth~~^{death}

for John Tyner ~~born~~^{died} Oct. 3, 1953, in the State of

Missouri, and which was filed at Kansas City on 10-5, 1953, should be corrected as follows:

Item No. 14 should read Olive M. Tyner

Instead of Cora M. Tyner

Item No. 17 should read Olive Tyner, 6929 Walrond,

Instead of Cora Tyner, 6929 Walrond

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Olive M Tyner Wife

Relationship.
6929 Walrond, Kansas City, Mo.

Present Address.

Subscribed and sworn to before me, this 16th day of November, 1953.

My Commission expires August 24, 1956 Bessie W. Smith Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

