

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5106**
636

BIRTH NO. **FILED MAR 4 1001** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **636**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 21 yrs		e. STREET ADDRESS (If rural, give location) 4320 Wayne Street	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) Elzie (Earl)	b. (Middle) Lewis	c. (Last) TYSON	4. DATE OF DEATH (Month) (Day) (Year) February 6 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 24, 1896	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shop foreman	10b. KIND OF BUSINESS OR INDUSTRY Continental Trlws Bus	11. BIRTHPLACE (City and State or Foreign Country) Ponder, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joseph Tyson	13b. MOTHER'S MAIDEN NAME Mary Jane (unknown)	14. NAME OF HUSBAND OR WIFE Eunice L^g Tyson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes WW-1	16. SOCIAL SECURITY NO. 496-07-0023	17. INFORMANT'S SIGNATURE OR NAME Official Records, VA Hospital, K.C.Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of extrahepatic biliary system with extensive metastases to liver, lungs porta-hepatic, peripancreatic lumbar and mediastenal lymph nodes		INTERVAL BETWEEN ONSET AND DEATH unknown
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Massive intra-abdominal hemorrhage from biopsy wound in liver.		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 155X		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **February 4, 1954**, to **February 6, 1954**, the ~~deceased~~ **deceased**, and that death occurred at **12:45p** m., from the causes and on the date stated above.

23a. SIGNATURE Grosvenor G. ROBERTS, M.D. (Degree or title) D	23b. ADDRESS VA Hospital, Kansas City, Mo.	23c. DATE SIGNED 2/6/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE FEB. 9, 1954	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. 2-9-54	REGISTRAR'S SIGNATURE Seraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE D. J. Newman Sr. ADDRESS 1331 BRUSH CREEK BLVD. KANSAS CITY, MISSOURI
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAILED 1961

MAY 24 1961

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.....
Signature of Student Embalmer

Signed *Clare J. Can...*
Licensed Embalmer No.

P. O. Address *R. C. 10.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.