

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

10008

FILED MAR 19 1954

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 2344

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 1 dy		c. CITY OR TOWN Catawissa	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital		e. STREET ADDRESS (If rural, give location) Calvey Twp			
3. NAME OF DECEASED (Type or Print) a. (First) Tymon b. (Middle) c. (Last) Emily			4. DATE OF DEATH (Month) (Day) (Year) 3 12 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 14, 1878	9. AGE (In years last birthday) 75	# UNDER 1 YEAR Months Days # UNDER 1 Mth. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Joseph Emily		13b. MOTHER'S MAIDEN NAME Catherine Hayes	
14. NAME OF HUSBAND OR WIFE Ella Emily		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Catherine Emily		ADDRESS Richwoods, Mo		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Pulmonary embolus	
19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolus *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Prostate		INTERVAL BETWEEN ONSET AND DEATH		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200H			
22. I hereby certify that I attended the deceased from Mar 13, 1954 to Mar 12, 1954 , that I last saw the deceased alive on Mar 12, 1954 , and that death occurred at 6:05 P. m. , from the causes and on the date stated above.					
23a. SIGNATURE Edwin L Lytle D M.D.		23b. ADDRESS 1325 So Grand		23c. DATE SIGNED 3-12-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-15-54		24c. NAME OF CEMETERY OR CREMATORY St. Stephens	
24d. LOCATION (City, town, or county) (State) Richwoods, Mo.		24e. DATE REC'D BY LOCAL REG. MAR 15 1954		24f. REGISTRAR'S SIGNATURE J. Carl Smith MD	
24g. FUNERAL DIRECTOR'S SIGNATURE Wesley Tenot		24h. ADDRESS St. Paul, MO			

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

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 *H. M. Levent*

Licensed Embalmer No. *360*

P. O. Address *St. Clair*

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.