

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

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25362**
Registrar's No. **6408**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, address and city or town) a. STATE Missouri b. COUNTY Pemiscott	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MO.		c. CITY OR TOWN Portageville	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		No. STREET ADDRESS (If rural, give location) R.R.3	

3. NAME OF DECEASED (Type or Print) a. (First) Billy Joe b. (Middle) Joe c. (Last) Tyler			4. DATE OF DEATH (Month) (Day) (Year) July 12, 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED Never Married	
8. DATE OF BIRTH Aug 4, 1932		9. AGE (In years last birthday) 21		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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Pemiscot County Mo	
12. CITIZEN OF WHAT COUNTRY U.S.A		13a. FATHER'S NAME L.G. Tyler		13b. MOTHER'S MAIDEN NAME Addie Gunly	
14. NAME OF HUSBAND OR WIFE None		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. Unknown	
17. INFORMANT'S SIGNATURE OR NAME L.G. Tyler		ADDRESS Portageville 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Edema		INTERVAL BETWEEN ONSET AND DEATH 15 hrs.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary valve stenosis			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 7/12/54		19b. MAJOR FINDINGS OF OPERATION Tetralogy of Fallot -valvulotomy		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 June 16, 19 54, to July 12, 19 54, that I last saw the deceased alive on July 12, 19 54, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE H. Bradley (Degree or title) M.D.		23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 7/13/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-13-54		24c. NAME OF CEMETERY OR CREMATORY Wardell Mo	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington	
DATE REC'D BY LOCAL REG. JUL 14 1954		REGISTRAR'S SIGNATURE J. Earl Smith Mo			

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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 *John S. Kennedy*

Licensed Embalmer No. *499*

P. O. Address *St Louis*

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.