No. 300
10.48

FILED AUG 30 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28335

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4337 Registrar's No. 26

0690

1. PLACE OF DEATH
a. COUNTY: Monroe
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Madison
c. LENGTH OF STAY (in this place): lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): XXXXX X

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Monroe
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Madison
d. STREET ADDRESS (If rural, give location): XXXXX

0690

3. NAME OF DECEASED (Type or Print): a. (First) Wilbur b. (Middle) Russell c. (Last) Tydings

4. DATE OF DEATH (Month) 8 (Day) 13 (Year) 54

5. SEX: male
6. COLOR OR RACE: negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: 8 3 1907
9. AGE (In years last birthday): 47 — 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): laborer
10b. KIND OF BUSINESS OR INDUSTRY: yard & house work
11. BIRTHPLACE (State or foreign country): Madison Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Henry Tydings
13b. MOTHER'S MAIDEN NAME: Belle Tydings
14. NAME OF HUSBAND OR WIFE: never married

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: Docie Chatman — ADDRESS: Paris, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hanging Self With rope — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid 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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: E974X
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at Shut 11 B.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Russell M Wilson Coroner
23b. ADDRESS: Monroe City Mo
23c. DATE SIGNED: 8/13-54

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 8-15-1954
24c. NAME OF CEMETERY OR CREMATORY: Dunaway
24d. LOCATION (City, town, or county) (State): Modern Monroe Mo

DATE REC'D BY LOCAL REG.: 8-26-54
REGISTRAR'S SIGNATURE: Elsie Robertson 471-0
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible] — ADDRESS: Madison Mo

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 31 195

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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. 3282

P. O. Address _____

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.