

FILED SEP 13 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29598

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 4519 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>TEXAS</u>	
b. CITY OR TOWN <u>CABOOL</u>	c. LENGTH OF STAY (In this place) <u>18 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>CABOOL</u> <u>1070</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>OZARK ST.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MABEL</u> b. (Middle) <u>FLORENCE</u> c. (Last) <u>TYLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEP. 6 - 54</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>2-23-1890</u>	9. AGE (In years last birthday) <u>64</u> if under 1 year: Months _____ Days _____ if under 6 hrs: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CAFE OPERATOR</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>INDIANA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>CHAS. NIXON</u>	13b. MOTHER'S MAIDEN NAME <u>BERTHA HARRIS JARED</u>	14. NAME OF HUSBAND OR WIFE <u>JENNETTE HOLLIS, ATLANTA</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>JENNETTE HOLLIS, ATLANTA</u> ADDRESS	
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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) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>18 hours</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive cardiac</u> DUE TO (c) <u>Obstruction</u>		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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 Apr 7, 1954 to Sept 5, 1954, that I last saw the deceased alive on Sept 5, 1954 and that death occurred at 11:55 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>H. P. ...</u> (Name or title)	23b. ADDRESS <u>Cabool, MO</u>	23c. DATE SIGNED <u>9/7/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9-8-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BELL FOUNTAIN</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO.</u>
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DATE REC'D BY LOCAL REG. <u>9-7-54</u>	REGISTRAR'S SIGNATURE <u>Gaynell Cunningham</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ellis H. Seitz</u> ADDRESS <u>Cabool, Mo</u>
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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 .....  
Student Embalmer

Signed

*James L. Gentry*

Licensed Embalmer No. *47187*

P. O. Address

*Calool, W. Va.*

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.