

FILED SEP 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27431

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Rural: Simpson
d. FULL NAME OF HOSPITAL OR INSTITUTION Warrensburg Medical Center		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS RFD 2 Warrensburg		510	
3. NAME OF DECEASED a. (First) William b. (Middle) Harold c. (Last) Tyler			4. DATE OF DEATH Sept. 6, 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Aug. 27, 1939
9. AGE (In years from birthday) 17	IF UNDER 1 YEAR Months	IF UNDER 24 HOURS Days	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTRY High School	11. BIRTHPLACE (City and State or Foreign Country) Johnson County, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Harold Stewart Tyler	13b. MOTHER'S MAIDEN NAME Ardith Arlene Harding	14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 497-42-7344	17. INFORMANT'S SIGNATURE OR NAME H.S. Tyler, RFD 2, Warrensburg, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Injury INTERVAL BETWEEN ONSET AND DEATH one day 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. Fracture RT. Femur, Fracture RT. Humerus & clavicle, Multiple Lacerations one day	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 50	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Johnson Missouri	21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Sept. 5 1956
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile Accident		21g. 051
22. I hereby certify that I attended the deceased from 9-5- , 1956 to 9-6- , 1956, that I last saw the deceased alive on 9-6- , 1956, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Keith D. Jones, MD		23b. ADDRESS Warrensburg, Mo	23c. DATE SIGNED 9-7-56
24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE 9 Sep 56	24c. NAME OF CEMETERY OR CREMATORY Sunset Hill	24d. LOCATION (City, town, or county) (State) Warrensburg, Missouri
DATE REC'D BY LOCAL REG. Sept. 8, 1956	REGISTRAR'S SIGNATURE Savannah Cuthbert	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sweeney-Phillips, Warrensburg, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

9961 8 100
OCT 2 1956

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 F. Rodgers

Licensed Embalmer No. 4963
Warrensburg, Missouri
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 embalmed by a **STUDENT**, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.