Health, Welfare Public Service

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FILED AUG 9 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25325
STATE FILE NUMBER

Registration District No. 195 Primary Registration District No. 5714 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY McDonald	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arkansas b. COUNTY Benton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 2½ miles S. Pineville — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Rogers 8030 8 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Pineville Hosp — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 511 S. B. St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First / Middle / Last: ALBERT FRANKLIN TYNER		4. DATE OF DEATH Month Day Year: Aug 2 1957	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Jan 17, 1887
9. AGE (In years last birthday): 70	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): Produce Salesman (retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): Brightwater Arkansas	12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: Henry G. Tyner		14. MOTHER'S MAIDEN NAME: Moley Riper	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) W W I	16. SOCIAL SECURITY NO.	17. INFORMANT Address	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broken Neck — INTERVAL BETWEEN ONSET AND DEATH: Sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Car Accident

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): One Car Accident 3 mi South Pineville Mo Mo. Hi-88

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) One Car Accident 3 mi South Pineville Mo. Mo. Hiway 88.

20c. TIME OF INJURY. Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Mo. Hi-way 88

20f. CITY, TOWN, OR LOCATION COUNTY STATE: 3 mi South Pineville McDonald Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____.
Death occurred at 3:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H M Humphrey Jr. Coroner 3	22b. ADDRESS: Noel Mo.	22c. DATE SIGNED: 8-3-57
23a. BURIAL, CREMATION, REMOVAL (Specify): Removed	23b. DATE: 8-2-1957	23c. NAME OF CEMETERY OR CREMATORY: Rogers Cemetery
23d. LOCATION (City, town, or county) (State): Rogers Arkansas		
24. FUNERAL DIRECTOR: Robert J. Burns — ADDRESS: Burns Funeral Home Bentonville, Ark.	25. DATE RECD. BY LOCAL REG.: 8-2-1957	26. REGISTRAR'S SIGNATURE: Mayne Humphrey

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by....., Student Embalmer No.....

working under my personal supervision..

Student..... Signature of Student Embalmer

Signed Robert J. Burn

Licensed Embalmer No. 10

P. O. Address Bentonv

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.