

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-030022**

**FILED VS SEP 11 1959**

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 162

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rolla, Missouri</u>		Length of stay in lb <u>1 hour</u>		c. CITY OR TOWN <u>Salem Texas Township</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Phelps Co. Memo. Hosp.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Licking Rte, Salem, Mo.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Harriet</u> Middle <u>Henrietta</u> Last <u>Tyler</u>				4. DATE OF DEATH Month <u>Aug.</u> Day <u>30</u> Year <u>1959</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>4/28/1895</u>		9. AGE (last birthday) <u>64</u> IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		11. BIRTHPLACE (City and state or country) <u>Anna, Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>Dennis P. Norris</u>			13b. MOTHER'S MAIDEN NAME <u>Fanny Trazier</u>			14. NAME OF HUSBAND OR WIFE <u>Raymond O. Tyler</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>311-40-3618</u>		17. INFORMANT Address <u>Illametto, Ill.</u> <u>Marian Lee Steckenrider</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Skull fracture</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1-hour</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Auto in which she was a passenger left road and hit bridge abutment</u>					
20c. TIME OF INJURY <u>6</u> Hour <u>2:00</u> a.m. <u>8/30/59</u> Month, Day, Year									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>State Highway</u>		20f. CITY, TOWN, OR LOCATION <u>3 mi. west of Salem</u>		COUNTY <u>Dent</u>		STATE <u>Mo.</u>	
21. I attended the deceased from <u>Aug 30, 1959</u> to <u>Aug 30, 1959</u> and last saw her/him alive on <u>Aug 30, 1959</u> Death occurred at <u>4:00 A.M.</u> of the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>[Signature]</u> (Degree or title)				22b. ADDRESS <u>Rolla Mo</u>			22c. DATE SIGNED <u>9/31/59</u>		
23a. BURIAL CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>9/1/59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Cedar Park Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Calumet Park, Illinois</u>			
24. FUNERAL DIRECTOR <u>Max L. Warfel</u>			ADDRESS <u>Salem, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>Aug 31, 1959</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 12 1980

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Max L. Wray

Licensed Embalmer No. 476

P. O. Address Salem

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.