

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036461

FILED VS OCT 16 1959

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4844

RECEIVED

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in lb 51 yrs.	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 229 Ward Parkway		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 229 Ward Parkway Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Frank Middle Edmond Last Tyler	4. DATE OF DEATH Month Oct. Day 5, Year 1959
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Mar. 29, 1869	9. AGE (last birthday) 90	IF UNDER 1 YEAR Months Days Hours	IF UNDER 24 HR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chairman Bd. of Directors	10b. KIND OF BUSINESS OR INDUSTRY Dewey Portland Cement Co.	11. BIRTHPLACE (City and state or country) Winona, Minnesota	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Daniel W. Tyler	13b. MOTHER'S MAIDEN NAME Harriett Freeman	14. NAME OF HUSBAND OR WIFE Alice Wescott Tyler
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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. 493-12-6119	17. INFORMANT Waldo Tyler, 5049 Wornall St Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho pneumonia		INTERVAL BETWEEN ONSET AND DEATH 7 days 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Generalized arteriosclerosis	
	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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)
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20c. TIME OF INJURY Hour 11:05 a.m. / Month, Day, Year 23 July 1952	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 23 July 1952 to 5 Oct 1959 and last saw ^{her} him alive on 4 Oct 1959 Death occurred at 11:05 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Blaine Z. Hibbard	22b. ADDRESS 411 Nichols Rd KCMo	22c. DATE SIGNED 6 Oct 59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Entombment	23b. DATE 10-7-59	23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Temple	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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24. FUNERAL DIRECTOR Stine & McClure, Kansas City, Missouri	ADDRESS	25. DATE RECD. BY LOCAL REG. 10-7-59	26. REGISTRAR'S SIGNATURE Blaine Z. Hibbard
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DOCUMENT

BY AFFIDAVIT OF **Blaine Z. Hibbard** M.D. MEDICAL CERTIFICATION

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 William M. Jurn

Licensed Embalmer No. 4648

P. O. Address Kansas City

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.