ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ARTMENT OF PUBLIC HEALTH AND WELFARE

-61-032582
STATE FILE NUMBER

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 870

FILED SEP 18 1961

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield
Length of stay in 1b: 1 month
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Springfield Bapt. Hosp. Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Pennsylvania b. COUNTY Chester
c. CITY OR TOWN Rural Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R.F.D. # 2, Royersford Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: ANNA Middle: M. Last: TYSON
4. DATE OF DEATH Month, Day, Year: September 13, 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7/27/1904
9. AGE (last birthday): 57
IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Royersford, Penna.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Daniel J. Mowrey
13b. MOTHER'S MAIDEN NAME: Katherine Kirker
14. NAME OF HUSBAND OR WIFE: Henry D. Tyson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: ----
17. INFORMANT: Henry D. Tyson, Address R.F.D. # 2, Royersford, Penna.

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) Cerebral Hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive Vascular Disease
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
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. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 16 August 61, to 13 Sept 61 and last saw her alive on 13 Sept 61
Death occurred at 3:25P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Stanley S. Peterson (Degree or title) MD
22b. ADDRESS Springfield, Mo
22c. DATE SIGNED 14 Sept 61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 9/15/1961
23c. NAME OF CEMETERY OR CREMATORY: Royersford
23d. LOCATION (City, town, or county) (State): Royersford, Pennsylvania

24. FUNERAL DIRECTOR ADDRESS: Ralph Thieme, 1200 Boonville Avenue, Springfield, Missouri
25. DATE RECD. BY LOCAL REG.: 9-15-61
26. REGISTRAR'S SIGNATURE: Effie E. Mellon

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

SEP 19 1967

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_____ Signed Harold Futrell

Signature of Student Embalmer

Licensed Embalmer No. 5079

P. O. Address Spfd., Mi

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.