

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044026

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 379

FILED DEC 29 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Unknown</b> b. COUNTY <b>Unknown</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jefferson City</b>		Length of stay in 1b <b>4 yrs.</b>	c. CITY OR TOWN <b>Unknown</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Prison Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Samuel L. Tyler</b>			4. DATE OF DEATH Month Day Year <b>12/24/61</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>11/9/81</b>
9. AGE (last birthday) <b>80</b>		IF UNDER 1 YEAR Months <b>1</b> Days <b>15</b>	IF UNDER 24 HR Hours <b>15</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unknown</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Unknown</b>	11. BIRTHPLACE (City and state or country) <b>Perry County, Ill.</b>
12. CITIZEN OF WHAT COUNTRY <b>United States</b>		13a. FATHER'S NAME <b>Unknown</b>	
13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Unknown</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW I</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT <b>Mo. State Penitentiary</b> Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Heart failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Diffuse myocardial Dis</b> DUE TO (c) <b>Old Arteriosclerotic age</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4 yst</b> <b>4 yst</b>
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 last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) <b>Self-head injury - nontraumatic during</b>	
20c. TIME OF INJURY Hour <b>5</b> a.m. <b>12/24/61</b>		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.) <b>Home</b>		20f. CITY, TOWN OR LOCATION <b>Mo ST Jeff City</b>	COUNTY <b>Cole</b> STATE <b>Mo</b>
21. I attended the deceased from <b>11/22/57</b> to <b>12/24/61</b> and last saw him alive on <b>12/24/61</b>		Death occurred at <b>7:45 am</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>Hugh W. Knapp MD</b> (Degree or title)		22b. ADDRESS <b>Mo. State Prison Hospital Jefferson City, Mo.</b>	22c. DATE SIGNED <b>12/26/61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Dec. 26, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Longview Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Jefferson City, Mo.</b>
24. FUNERAL DIRECTOR <b>Victor Bueschke</b> ADDRESS <b>JCMo 26 Dec 1961</b>		25. DATE RECD. BY LOCAL REG. <b>26 Dec 1961</b> 26. REGISTRAR'S SIGNATURE <b>R.P. ... - Richter, Dep.</b>	

JAN 4 1962

JAN 2 1962

**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

*Jedlo Kuescha*

Licensed Embalmer No.

3701

P. O. Address

*Jemo*

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.