

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024759
63-224759
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 283

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUN 26 1963					
1. PLACE OF DEATH					
a. COUNTY Jackson	b. CITY (If outside corporate limits, give TOWNSHIP only) Independence,				
Length of stay in 1b 4 years					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sky View Manor					
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
a. STATE Missouri	b. COUNTY Jackson				
c. CITY OR TOWN Independence					
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. STREET ADDRESS (If outside, give location) 1400 N. River Blvd.					
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First ALMA	Middle L.	Last TYNER	Month June	Day 19	Year 1963
5. SEX Female	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 5-24-1885	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Office		10b. KIND OF BUSINESS OR INDUSTRY Clerical	11. BIRTHPLACE (City and state or country) Valparaiso, Indiana	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Joseph H. Landis		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Francis L. Tyner	
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.		17. INFORMANT Marguerite Groves 4011 E. 68th St.	
18. CAUSE OF DEATH (Enter only one cause per line)					INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:					
IMMEDIATE CAUSE (a) Relational Pneumonia					24 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) myocardial infarction					72 hrs
DUE TO (c) Enterocolitic St. Decasia					
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 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.)	
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year				
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	
21. I attended the deceased from <u>1961</u> to <u>1963</u> and last saw her alive on <u>June 18</u> Death occurred at <u>7:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Freeman H. Danah</i>			22b. ADDRESS 10901 Winner Rd. Adg.		22c. DATE SIGNED 6/21/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-21-63	23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
24. FUNERAL DIRECTOR Freeman Mortuary Kansas City, Mo.			25. DATE RECD. BY LOCAL REG. 6-21-63	26. REGISTRAR'S SIGNATURE <i>Alba L. Craig</i>	

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Lerech
9 AM Friday
Indep. Sanitarium

6-21-63

AUG 1 1963

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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 J. P. Freeman

Licensed Embalmer No. 2939
P. O. Address F. O. Mo.

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.