

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 30 1957

32720

STATE FILE NUMBER

Registration District No. 224 Primary Registration District No. 304 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <u>Monteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Monteau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Walker township</u>		c. CITY OR TOWN <u>California Mo</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <u>LARRY</u> Middle <u>Fredrick</u> Last <u>TYMAN</u>		4. DATE OF DEATH Month <u>Sept</u> Day <u>22</u> Year <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 18 - 1940</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>no.</u>	
13. FATHER'S NAME <u>Albert Tuman</u>		14. MOTHER'S MAIDEN NAME <u>Leverne Stahl</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>499-40-8545</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>Fracture of skull & neck</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) <u>32</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 m. hrs.</u>	
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>Car ran off road - thrown out of car.</u>	
20c. TIME OF INJURY Hour <u>4:30</u> p. m. Month <u>Sept</u> Day <u>22</u> Year <u>1957</u>			
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>public road</u>	
21. I attended the deceased from <u>4:30</u> to <u>4:30</u> and last saw her alive on _____		22a. SIGNATURE (Degree or title) <u>Kerwon Latham M.D., Coroner</u>	
22b. ADDRESS <u>California, Mo</u>		22c. DATE SIGNED <u>9-24-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9-25-1957</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Banks Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>California Mo.</u>	
24. FUNERAL DIRECTOR <u>Hugh E. Williams</u>		25. DATE RECD. BY LOCAL REG. <u>9/25/57</u>	
26. REGISTRAR'S SIGNATURE <u>Albert Pappey</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

May 12 1958

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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.....

Hugh E. Williams

Licensed Embalmer No. 38

P. O. Address *California*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.