

APR 21 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10482
Do not use this space.

1. PLACE OF DEATH
(a) County Christian Registration District No. 184
(b) Township Staley Primary Registration District No. 4110
(c) City Ozark (d) Street No. _____ St.
(e) Length of residence in city or town where death occurred (If death occurred in Hospital or Institution, write its name instead of street and number) yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Ellen Lyon
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25-1853
7. AGE YEARS 85 MONTHS 1 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Greenville, Ohio

FATHER 13. NAME John Rugh

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington

MOTHER 15. MAIDEN NAME Cathryn Clayton

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln

17. INFORMANT Mrs. Madge Tunnel (ADDRESS) Ozark, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ozark DATE 1/29 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) B. C. Flepper Ozark, Mo.

20. FILED 1939 Laetta Leonard Local Registrar. 170

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 27, 1939
22. I HEREBY CERTIFY That I attended deceased from Jan. 27, 1939 to Jan. 27, 1939
I last saw her alive on Jan. 27, 1939. Death is said to have occurred on the date stated above, at 9:4 m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis of heart
Date of onset Jan. 5, 1939
94

Other contributory causes of importance:
I did not have time to make a positive diagnosis before she died.

Name of operation _____ Date of _____
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) B. C. Flepper, M. D.
Ozark, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-890

Date Filed APR 14 1939

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,

B. C. Klepper

or by Forest Klepper

Registered Apprentice No. _____, working under my personal supervision.

Signed B. C. Klepper

Licensed Embalmer No. 162178

P. O. Address York, 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 this body is not embalmed, above space should be left blank.