

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3455

FEB 21 1940

Registration District No. 701

Primary Registration District No. 4436

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Clifton Hill
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 70 yr
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Clifton Hill
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME NOAH JOHN LYLE
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 5 1940
year _____ hour _____ minute 6 p M.
21. I hereby certify that I attended the deceased from Nov 1938 to Feb 4 1940
that I last saw him alive on Feb 4 1940
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Tena 6. (c) Age of husband or wife if alive _____ years (Month) (Day) (Year)
7. Birth date of deceased Sept 11 1865
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration _____

8. AGE: Years Months Days If less than one day
74 4 24 hr. min.

Due to _____
Due to _____

9. Birthplace Schles Co (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

MOTHER FATHER
12. Name William J Lyle
13. Birthplace Tenn (City, town, or county) (State or foreign country)
14. Maiden name Sarah Ann Blankshier
15. Birthplace Don't know (City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____

16. (a) Informant's own signature Miss Tena Lyle

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(b) Address Clifton Hill

17. (a) Buried (b) Date thereof Jan 27 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clifton Hill

(c) Where did injury occur? (City or town) (County) (State)

18. (a) Signature of funeral director Tom B Patton

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(b) Address Huntsville Mo

19. (a) Feb 9 - 1940 (b) J Broadshier
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (e) Means of injury

23. Signature W. C. Alexander (M. D. or other)
Address Clifton Hill Mo Date signed Feb 8

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.

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

Signed... *Tom B Patton*.....
Licensed Embalmer No. *3914*.....
P. O. Address... *Huntville*.....

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.