U. S. No. 2
OM—8-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5874

Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 25

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Liberty Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution I.O.O.F. Hospital
(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)
In this community 3 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Clinton
(c) City or town Osborn Cameron
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Theadore Lyon
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive Single years
7. Birth date of deceased Nov. (Month) 11 (Day) 1876 (Year)

8. AGE: Years	Months	Days	If less than one day
68	3	14	hr. min.

9. Birthplace Clinton (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER 12. Name John Lyons
13. Birthplace ? (City, town, or county) Ind. (State or foreign country)
MOTHER 14. Maiden name Sarah Groom
15. Birthplace Clinton (City, town, or county) (State or foreign country)
16. (a) Informant F G Lyons
(b) Address Stewartsville Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2, 27, 45 (Month) (Day) (Year)
(c) Place: burial or cremation Osborn, Mo.
18. (a) Signature of funeral director J Carter Jr
(b) Address Liberty Mo
19. (a) Feb 27-1945 (Date received local registrar) (b) Helen Early (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25 year 1945 hour 3 minute 30 P.M.
21. I hereby certify that I attended the deceased from Nov 25 1944 to Feb 25 1945 that I last saw h. alive on Feb 25 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Senile Dementia
Due to General Arteriosclerosis
Due to Arthritis
Other conditions (Include pregnancy, within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature Burton Mallory (M. D. or other) M.D.
Address Liberty Mo Date signed 2-27-45

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Office No. 3,
District File Number .....
Date Filed 3-10-45

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 O J Carder Jr.

Licensed Embalmer No. 3934

P. O. Address Liberty, 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, fact should be so stated above.