

7. S. No. 2
OM-8-43
ev. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

24495

FILED AUG 9 1945

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 234

Primary Registration District No. 3046

Registrar's No. 261

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

1. PLACE OF DEATH:

(a) County Moniteau Co.

(b) City or town California, Mo. Walker
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Latham Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Wks.
Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Moniteau 68

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Latham, Mo.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME James Alexander Lyles

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 Widowed

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Oct 10 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>9</u>	<u>17</u>	hr. _____ min.

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

10. Usual occupation Farmer

MOTHER FATHER

11. Industry or business.....

12. Name Wm T. Lyles

13. Birthplace Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Morris

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant L. M. Lyles

(b) Address 23 R California, Mo

17. (a) Burial (b) Date thereof July 29 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Latham Cem.

18. (a) Signature of funeral director Bowlin Funeral Home

(b) Address California, Mo.

19. (a) 7-28-45 (b) R. G. Allen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1945 hour 5 minute 13 a. M.

21. I hereby certify that I attended the deceased from July 23 to July 27, 1945
that I last saw him alive on July 29, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis. Duration 2 months

Due to Chronic nephritis, prostatitis & Cystitis. } 6 mo.
Coronary embolism

Other conditions (Include pregnancy within 3 months of death).....

Major findings: Of operations None

Of autopsy None

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) (e) Means of injury.....

While at work?.....

23. Signature L. D. Latham (M. D. or other)
Address California Mo Date signed 7-28-45

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 8-9-45

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 me

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

Signed Earl R. Boulton

Licensed Embalmer No. 2126

P. O. Address Calisornia, 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.