

FILED

NOV 8 1945

STANDARD CERTIFICATE OF DEATH

33059

State File No.

Registrar's No. 85

Registration District No. 27

Primary Registration District No. 3005

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Butler Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
(c) City or town Rich Hill
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Bertha Jane Lyons

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female / 5. Color or race W
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 September 20-1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 1 8 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name G. H. Frakes

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

14. Maiden name Susana Woolverton

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

16. (a) Informant Mrs. Edith Bradley

(b) Address Butler, Missouri

17. (a) Burial (b) Date thereof 10-30-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakhill

18. (a) Signature of funeral director Butler, Missouri

(b) Address Butler, Missouri

19. (a) 10-31-45 (b) Butler, Missouri
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28
year 1945 hour 4 minute 45 P. M.

21. I hereby certify that I attended the deceased from 78 to Oct 28 1945
that I last saw her alive on Oct 28 1945
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coronary Occlusion
Due to.....
Coronary Myocarditis
Coronary Occlusion
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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?

23. Signature James A. Huber (M. D. or other)
Address Butler, Mo Date signed 10/31/45

Duration
1946
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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.....

John H. Underwood

Licensed Embalmer No. *3550*

P. O. Address. *Butte Id.*

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.