

STANDARD CERTIFICATE OF DEATH

Registration District No. 47

Primary Registration District No. 3008

State File No. 33340

Registrar's No. 307

1. PLACE OF DEATH: *Callaway*  
 (a) County *Callaway*  
 (b) City or town *Fulton*  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (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)

3. (a) PRINT FULL NAME *Dudley Lyons*  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. *None*

4. Sex *Male* 5. Color or race *Negro* 6. (a) Single, widowed, married, divorced *Married*  
 6. (b) Name of husband or wife *Mary* 6. (c) Age of husband or wife if alive *57 1/2* years  
 7. Birth date of deceased \_\_\_\_\_ (Month) (Day) (Year) *1874*

8. AGE: Years *71* Months *1* Days *1* If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace *Callaway County, Missouri* (City, town, or county) (State or foreign country)  
 10. Usual occupation *Retired Laborer*

11. Industry or business \_\_\_\_\_  
 12. Name *John Lyons*  
 13. Birthplace *Missouri* (City, town, or county) (State or foreign country)  
 14. Maiden name *Dr.*  
 15. Birthplace *Dr.* (City, town, or county) (State or foreign country)

16. (a) Informant *Williams Lyons*  
 (b) Address *419 S. W. 9th St. Fulton, Mo.*  
 17. (a) *Burial* (b) Date thereof *Oct 10-45*  
 (Specify place, time, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation *Old Richmond Cem. Callaway Co., Mo.*

18. (a) Signature of funeral director *Eli Bebe*  
 (b) Address *Fulton, Mo.*  
 19. (a) *10-10-1945* (b) *Joac Monmouth*  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State *Missouri* (b) County *Callaway*  
 (c) City or town *Fulton*  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. *419 S. W. 9th* (If rural, give location)  
 (e) Citizen of foreign country? *No* (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH, Month *Oct* day *8*  
 year *1945* hour *5* minute *45 P.* M.

21. I hereby certify that I attended the deceased from *Oct 3 rd*  
 \_\_\_\_\_, 1945, to *Oct 8*, 1945  
 that I last saw him alive on *Oct 8*, 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death *Arteriosclerosis*  
*Myocarditis & Hypertrophy*  
*of prostate & urinary*  
*retention.* Duration \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy *1510*

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature *W. J. Bebe* (M. D. or other) \_\_\_\_\_  
 Address *Fulton, Mo.* Date signed *10/10/45*

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

14  
1  
2

RECEIVED.

District Health Officer No. 9,

District File Number.....

Date Filed 11-8-45

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 Eli Bell

Licensed Embalmer No. 2130

P. O. Address Fulton, 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.