S. No. 300
M—10-47
v. 5-17-39
P I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 21 1948

Registration District No. 247

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4366

State File No. 17069

Registrar's No. 25

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

1. PLACE OF DEATH:

(a) County: Newton

(b) City or town: Granby (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Granby Community 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: 7 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Lawrence

(c) City or town: McDonald (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 ____

3. (a) PRINT FULL NAME: Archie Lyons

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Charity Lyons

6. (c) Age of husband or wife if alive: 76 years

7. Birth date of deceased: April (Month) 28 (Day) 1870 (Year)

8. AGE: Years 78 | Months 0 | Days 7 | If less than one day ____ hr. ____ min.

9. Birthplace: Chatsworth (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Interior Decorator

11. Industry or business ____

MOTHER FATHER

12. Name: John D Lyons

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

14. Maiden name: Rachel Tolbart

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

16. (a) Informant: Carl H Lyons

(b) Address: McDonald Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 7 1948 (Month) (Day) (Year)

(c) Place: burial or cremation: City Cemetery McDonald, Mo.

18. (a) Signature of funeral director: Max A Dorsett

(b) Address: McDonald, Mo.

19. (a) 5-8-1948 (Date received local registrar) (b) M. L. Young (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th year 1948 hour 2 minute 55 A.M.

21. I hereby certify that I attended the deceased from April 28, 1948, to May 5, 1948, that I last saw him alive on May 5, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Embolism.	2 Minutes.
Due to: Myocardial Degenerative Changes	Over 2 wks.
Due to: Pleural & Pericardial Effusion	Not Known.
Other conditions: Influenza in Feb 1948. (Include pregnancy within 3 months of death)	

Major findings:
Of operations ____
Of autopsy: No

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: Chas O. Chase (M. D. or other) D.O.

Address: Granby, Mo. Date signed: 5-7-48.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Newton

District File Number 548-304

Date Filed 5-21-48

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

Signed Max L. Tossett

Licensed Embalmer No. 4252

P. O. Address Mt Vernon, 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.