V.S. No. 300
Rev. 10-48

FILED JAN 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39604

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5243 Registrar's No. 83

1. PLACE OF DEATH
a. COUNTY: Chariton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Chariton
c. LENGTH OF STAY (In this place): 89 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5 mi. southwest / Forest Green

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Chariton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Chariton
d. STREET ADDRESS (If rural, give location): 5 mi. southwest Forest Green

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): —
c. (Last): Lyons

4. DATE OF DEATH (Month) (Day) (Year): Dec. 23 1948

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb 21, 1859
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months 10, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Chariton County Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Henry Imgarten
13b. MOTHER'S MAIDEN NAME: Mary Unknown
14. NAME OF HUSBAND OR WIFE: Sam Lyons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Carl F. Sanders — ADDRESS: Forest Green Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

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MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Chronic Nephritis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Chariton Mo.
21d. TIME OF INJURY (Month) - (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 5, 1948, *to* Dec 21, 1948, *that I last saw the deceased alive on* Dec 21, 1948, *and that death occurred at* 4:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. V. Sanders M.D.
23b. ADDRESS: Glasgow Mo
23c. DATE SIGNED: 12-24-48

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 26, 1948
24c. NAME OF CEMETERY OR CREMATORY: Lutheran (Salem)
24d. LOCATION (City, town, or county) (State): Forest Green Mo

DATE REC'D BY LOCAL REG.: 12/24/48
REGISTRAR'S SIGNATURE: [signature] 55
25. FUNERAL DIRECTOR'S SIGNATURE: Audsley-Fremonth — ADDRESS: Glasgow Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 1-11-49

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.....
....., Student Embalmer No. .....,
working under my personal supervision.

Student .....
Student Embalmer

Signed E W Fremonth
Licensed Embalmer No. 3978
P. O. Address Glasgow 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.