

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED MAR 25 1949

State File No. **9009**

BIRTH NO. _____		REG. DIST. NO. 174	PRIMARY REG. DIST. NO. 22670	Registrar's No. 23
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
a. COUNTY Lafayette		a. STATE Missouri b. COUNTY Lafayette		
b. CITY OR TOWN Wellington		c. CITY OR TOWN Wellington		
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) Wellington Mo		
d. FULL NAME OF HOSPITAL OR INSTITUTION Wellington Mo				
3. NAME OF DECEASED		4. DATE OF DEATH		
(Type or Print) a. (First) Daniel		b. (Middle) _____ c. (Last) Lyons		(Month) (Day) (Year) 2-12-49
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 11-16-87	9. AGE (In years last birthday) 60
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Houseowner		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Chariton County Mo	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Jackson Lyons		13b. MOTHER'S MAIDEN NAME Julia Hamman		14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Sallie Barton
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senile Dementia		4 yrs.
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis		10 Yrs.
		DUE TO (c) _____		
		II. OTHER SIGNIFICANT CONDITIONS: 334X		
		Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>Jan. 27, 1949</u>, to <u>Feb. 12, 1949</u>, that I last saw the deceased alive on <u>Feb. 8, 1949</u>, and that death occurred at <u>3:30 P. m.</u>, from the causes and on the date stated above.				
23a. SIGNATURE (Signature or title) W. H. ...		23b. ADDRESS Wellington, 7770.		23c. DATE SIGNED Feb. 15 1949
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-17-49		24c. NAME OF CEMETERY OR CREMATORY Oak Ridge
24d. LOCATION (City, town, or county) (State) Wellington Mo. Lafayette		25. FUNERAL DIRECTOR'S SIGNATURE GREENWOOD		
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE 159		ADDRESS Lexington

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

5400

No. 300
10. 48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

3-24-49

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.

Signed _____
Student Embalmer

Signed _____

George H. Green

Licensed Embalmer No. _____

4320

P. O. Address _____

Leicester

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.