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FILED JUN 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19662

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2422		
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Jackson				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 25 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		13		
d. FULL NAME OF HOSPITAL OR INSTITUTION 2800 E 10				d. STREET ADDRESS (If rural, give location) 2410 Troast				
3. NAME OF DECEASED (Type or Print) Lynn			a. (First) Lynn		b. (Middle) Lyle		c. (Last) Lyle	
4. DATE OF DEATH		6		1		49		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH 2-22-1872		
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months 5		IF UNDER 1 YEAR Days 9		IF UNDER 1 YEAR Hours 1		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ky		
12. CITIZEN OF WHAT COUNTRY? US				13a. FATHER'S NAME unk		13b. MOTHER'S MAIDEN NAME unk		
14. NAME OF HUSBAND OR WIFE Mattie Dunn Lyles				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		
17. INFORMANT'S SIGNATURE OR NAME Mattie Lyle				ADDRESS 2410 Troast				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis				INTERVAL BETWEEN ONSET AND DEATH		
		ANTECEDENT CAUSES DUE TO (b) Permia						
		DUE TO (c) Acute nephritis						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anterior cerebral						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 590X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min)		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 5-21, 1949, to 6-1, 1949, that I last saw the deceased alive on 6-1, 1949 and that death occurred at 1200m., from the causes and on the date stated above.								
23a. SIGNATURE Galen V. Bulger D.O. (Degree or title)				23b. ADDRESS 6518 Ind. Ave.		23c. DATE SIGNED 6/1/49		
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 6-4-49		24c. NAME OF CEMETERY OR CREMATORY Mt. Washington		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		
DATE REC'D BY LOCAL REG. 6-3-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE J. P. Speer		ADDRESS T. C. Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

John P. Shiel

Licensed Embalmer No. *3625*

P. O. Address *6 2nd*

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.