

FILED AUG 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23502  
3302

48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 24th		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 13th	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1414 CYPRESS		d. STREET ADDRESS (If rural, give location) 1414 CYPRESS-ST	
3. NAME OF DECEASED (Type or Print) a. (First) Eldon b. (Middle) - c. (Last) Lyday			4. DATE OF DEATH (Month) (Day) (Year) 7-25-49
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 18, 1897
9. AGE (In years last birthday) 59 1/2		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer-Steel	10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (State or foreign country) Ladonia Texas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME STEPHEN Lyday		13b. MOTHER'S MAIDEN NAME Jennie UNKNOWN	
14. NAME OF HUSBAND OR WIFE Irene			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) World War I		16. SOCIAL SECURITY NO. 490-03-8575	
17. INFORMANT'S SIGNATURE OR NAME Langston Lyday		ADDRESS 489 FLINT, KANSAS TEXAS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Deputy Coroner	
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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE A.E. Upsher		23b. ADDRESS (Degree or title) 2800 main	
23c. DATE SIGNED 7/29/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE July 30, 1949	
24c. NAME OF CEMETERY OR CREMATORY Highland Cem.		24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO	
DATE REC'D BY LOCAL REG 7-30-49		REGISTRAR'S SIGNATURE Geraldine Holmes	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Darius 1513 Truost	

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

SEP 20 1940

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 C. L. Davis

Licensed Embalmer No. 4417

P. O. Address N. C. 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.

1-20-40