

FILED OCT 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29412

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>368</u>			
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		127			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>321 Lexington</u>				d. STREET ADDRESS (If rural, give location) <u>321 Lexington</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jake</u> b. (Middle) <u>William</u> c. (Last) <u>Lyons</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 29, 1949</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 1, 1879</u>			
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>28</u>		IF UNDER 24 HRS. Hours <u>12</u> Min. <u>00</u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stock dealer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Louisport Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Fred Lyons</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Simpson</u>			14. NAME OF HUSBAND OR WIFE <u>Myrtle Lyons</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>George Lyons</u>			ADDRESS <u>Poplar Bluff Mo.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Insufficiency</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> ANTECEDENT CAUSES <u>Anasarca</u> DUE TO (b) <u>Anasarca</u> <u>Bronchopneumonia</u> DUE TO (c) <u>Bronchopneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>7867</u>							
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION					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 <u>Sept. 15, 1949</u> , to <u>Sept 29, 1949</u> , that I last saw the deceased alive on <u>Sept. 29, 1949</u> , and that death occurred at <u>1 P.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>W. H. Burton, M.D.</u>				23b. ADDRESS <u>Poplar Bluff, Mo.</u>		23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>10/1/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Marble Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Butler Co., Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Oct 2 1949</u>		REGISTRAR'S SIGNATURE <u>Wm H Johnson</u>		428		25. FUNERAL DIRECTOR'S SIGNATURE <u>GREER CROY & FITCH</u>			
						ADDRESS <u>POPLAR BLUFF MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

1079-317
OCT 10 RECD

OCT 19 1949

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 William N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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.