

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33702**

FILED NOV 14 1949

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

BIRTH CO.		REG. DIST. NO. 139	PRIMARY REG. DIST. NO. L-221	Registrar's No. 74
1. PLACE OF DEATH a. COUNTY Holt		2. USUAL RESIDENCE (Where deceased lived. If institution, residency before admission) a. STATE Missouri b. COUNTY Holt		
b. CITY (If outside corporate limits, with NEURAL and give town) Forest City		c. LENGTH OF STAY (In institution) 15 Years	c. CITY (If outside corporate limits, with NEURAL and give township) Forest City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1		d. STREET ADDRESS (If rural, give location) A		
3. NAME OF DECEASED (Type or Print) a. (First) Andrew b. (Middle) Jackson c. (Last) Lyons		4. DATE OF DEATH (Month) Nov. (Day) 3 (Year) 49		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 10 1860	9. AGE (In years last birthday) 88 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 12 mos. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant		10b. KIND OF BUSINESS OR INDUSTRY Hardware		11. BIRTHPLACE (State or foreign country) Kokomo, Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Andrew J. Lyons		13b. MOTHER'S MAIDEN NAME Eliza Adams		14. NAME OF HUSBAND OR WIFE Maria J. Lyons
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Maria J. Lyons Forest City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 88 years		INTERVAL BETWEEN ONSET AND DEATH 2 min 332X
19a. DATE OF OPERATION		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) Oregon Holt Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Sept 3 , 1949, to Nov 3 , 1949, that I last saw the deceased alive on Nov 1 , 1949, and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Dr. Kearney M.D.		23b. ADDRESS Oregon Mo		23c. DATE SIGNED 11/4/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 5, 1949	24c. NAME OF CEMETERY OR CREMATORY Forest City	24d. LOCATION (City, town, or county) (State) Forest City, Mo.
DATE REC'D BY LOCAL REG. 11-5-49	REGISTRAR'S SIGNATURE J. Chan		25. FUNERAL DIRECTOR'S SIGNATURE James K. Pettigrew	ADDRESS Oregon Mo

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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 James H. Pettigrew
Licensed Embalmer No. 3192

P. O. Address Oregon 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.

[Handwritten signature]