

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9940**

FILED MAR 23 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **292** PRIMARY REG. DIST. NO. **4434** Registrar's No. **10**

1870

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

1. PLACE OF DEATH a. COUNTY <b>Ralls,</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Ralls,</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Center, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Center, Missouri.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Center, Missouri.</b>		d. STREET ADDRESS (If rural, give location) <b>Center, Missouri.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Thomas</b> b. (Middle) <b>Francis</b> c. (Last) <b>Lyons.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 22, 1950</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May, 29, 1891</b>	9. AGE (In years last birthday) <b>59</b>	10. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri.</b>	

13a. FATHER'S NAME <b>Robert Lyons</b>		13b. MOTHER'S MAIDEN NAME <b>Dora Nation</b>		14. NAME OF HUSBAND OR WIFE <b>Alice Lyons Center, Mo.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Alice Lyons Center, Missouri.</b>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Tuberculosis (origin pulmonary)</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 yrs</b>	
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>unknown (acute military)</b>			<b>unknown</b>
	DUE TO (c) <b>unknown</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None known</b>			<b>NO 2X</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>none</b>		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) 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 **Jan 3, 1950**, to **Feb 22, 1950**, that I last saw the deceased alive on **Feb. 21, 1950**, and that death occurred at **12:10 P.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>C. H. Brooks</b>		23b. ADDRESS <b>Center, Missouri</b>		23c. DATE SIGNED <b>2-24-50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-24-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Olivet Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Center, Missouri.</b>	
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DATE REC'D BY LOCAL REG. <b>2-24-50</b>		REGISTRAR'S SIGNATURE <b>Clyde Wilber</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Clyde C. Wilber Center, Mo.</b>	
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RECEIVED MAR 20 1950  
District Health Officer No. 10  
District File Number 3-38-469  
Date Filed MAR 20 1950

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Clyde Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry, 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.