

FILED MAY 26 1950

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

17669

State File No. ....

BIRTH NO. .... REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5906 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>Leinnest</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Leinnest</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Wardell</u> <u>rust</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wardell</u> <u>n710</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rachel</u> b. (Middle) <u>Lylee</u> c. (Last) <u>Lyles</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-13-50</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7-26-1898</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Washington Co. Miss</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>					

13a. FATHER'S NAME <u>Don Hollaway</u>	13b. MOTHER'S MAIDEN NAME <u>Alice Banks</u>	14. NAME OF HUSBAND OR WIFE <u>Tommie Lyles</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Tommie Lyles</u>
		ADDRESS

18. CAUSE OF DEATH - Enter only one cause per line for (a), (b), and (c).  <i>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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Insufficiency</u>		
	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.		<u>4222</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 March, 1944, to May 13, 1950, that I last saw the deceased alive on 5/12, 1950, and that death occurred at 2:17 m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. D. Masters MD</u>	(Degree or title)	23b. ADDRESS <u>Layti Mo</u>	23c. DATE SIGNED <u>5/13/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>5-14-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Pauls cem</u>	24d. LOCATION (City, town, or county) (State) <u>Wardell Mo</u>
DATE REC'D BY LOCAL REG. <u>5-23-50</u>	REGISTRAR'S SIGNATURE <u>John W German</u>	406	25. FUNERAL DIRECTOR'S SIGNATURE <u>Germon 7001 Co</u>
		ADDRESS <u>Steck Mo</u>	

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

5-50-150

0961 21 NNC

Pemiscot County Health Department  
MAY 23 1961

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. \_\_\_\_\_

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*John St. Germer*  
Licensed Embalmer No. 4355

P. O. Address Hayth, 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.