

19688

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 6 1950

arms
5710

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

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 4110 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Salisbury</u>	c. LENGTH OF STAY (in this place) <u>15 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Salisbury</u>	<u>0720</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>100 South Broadway</u>		d. STREET ADDRESS (If rural, give location) <u>So. Broadway (Vermillion Hotel)</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emily</u> b. (Middle) <u>Estelle</u> c. (Last) <u>Lyons</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 22 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 16 1872</u>
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR: Months <u>2</u> Days <u>6</u>	IF UNDER 24 HRS. Hour <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Wellsville Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Bennett J. Gilliland</u>	
13b. MOTHER'S MAIDEN NAME <u>Martha J. Bay</u>		14. NAME OF HUSBAND OR WIFE <u>Charles A 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>496-16-7808</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Fred Vermillion</u>		ADDRESS <u>Salisbury</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis - Central thrombosis - thrombosis artery right leg - generalized arteriosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 hours</u> <u>2 yrs</u> <u>10 months</u> <u>5 yrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>generalized arteriosclerosis</u> DUE TO (c) <u>bilateral cataracts</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>W-201</u>	
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)			
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 5, 1950</u> to <u>June 22, 1950</u> , that I last saw the deceased alive on <u>June 22, 1950</u> , and that death occurred at <u>1 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>L. Horns - M.D.</u>		23b. ADDRESS <u>Salisbury Mo.</u>	
23c. DATE SIGNED <u>6-23-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 24 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Wellsville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wellsville Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6-23-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Salisbury Mo</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Salisbury Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

JUN 26

District Health Officer No. 8

District File Number

Date Filed 6-29-50

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 Charles B. Winkelmeier

Licensed Embalmer No. 3842

P. O. Address Salisbury, 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.