

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **23310**
 Registrar's No. **688**

No. 300
 10-48

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Christian	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nixa, 0220	
c. LENGTH OF STAY (in this place) 2 WEEKS		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION DAK OSTEOPATHIC HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) Ida	b. (Middle) Allison	c. (Last) Lysinger	4. DATE OF DEATH (Month) (Day) (Year) 7-31-50
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 1, 1866	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 9 Days 30	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Otterville, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Charles Floyd Hardwick	13b. MOTHER'S MAIDEN NAME Margaret Strain	14. NAME OF HUSBAND OR WIFE John Lysinger
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Dan Cooksey, Nixa, Mo.	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH, Hours two weeks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) peritonitis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Choleocystitis DUE TO (c) Summer Flu.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Summer Flu.		585X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **2-26, 1949**, to **7-31, 1950**, that I last saw the deceased alive on **7-30, 1950**, and that death occurred at **8:15 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harold Shaffer D.O.	23b. ADDRESS Nixa Mo	23c. DATE SIGNED 7-31-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8-2-1950	24c. NAME OF CEMETERY OR CREMATORY DAK GROVE CEMETERY	24d. LOCATION (City, town, or county) (State) WALNUT GROVE, MISSOURI
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DATE REC'D BY LOCAL REG. 8-2-50	REGISTRAR'S SIGNATURE W E Handley	25. FUNERAL DIRECTOR'S SIGNATURE John Dean Harris	ADDRESS Clever, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed.....

John Dean Harris

Signed.....
Student Embalmer

Licensed Embalmer No. *4390*

P. O. Address *Cleves 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.