

FILED SEP 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26550**

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

BIRTH NO. _____		REG. DIST. NO. <u>118</u>		PRIMARY REG. DIST. NO. <u>4190</u>		Registrar's No. <u>25</u>			
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francis</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Bland</u>		c. LENGTH OF STAY (In this place) <u>1 yr.</u>		c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>Farlington</u> <u>0941</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>family home</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie</u>		b. (Middle) <u>Artie</u>		c. (Last) <u>Lyons</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 11 1950</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 14-1901</u>		9. AGE (In years last birthday) <u>48</u>	# UNDER 1 YEAR <u>7</u> Months	# UNDER 12 HRS. <u>37</u> Hours		
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>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Stephan Smith</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Rollins</u>		14. NAME OF HUSBAND OR WIFE <u>James 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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. James Lyons</u>		ADDRESS <u>Bland, Mo.</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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Carcinoma</u>				ANTECEDENT CAUSES					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Carcinoma of uterus</u>				<u>2 yrs.</u>	
				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.				<u>174X</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) (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>Aug 1</u> , 19 <u>50</u> , to <u>Aug 14</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Aug 13</u> , 19 <u>50</u> , and that death occurred at <u>3:28 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>R. M. Keller</u> (Degree or title) <u>M. D.</u>				23b. ADDRESS <u>Owensville, Mo.</u>			23c. DATE SIGNED <u>8-14-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/13/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wheeler Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Maries County, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>8/14/50</u>		REGISTRAR'S SIGNATURE <u>Barthelme</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Christie</u>		ADDRESS <u>Sassmann's Funeral Service-Bland</u>			

File No. _____
DISTRICT HEALTH OFFICE No. 4

AUG 25 1950

RECEIVED

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

Chester S. Sasser

Signed.....
Student Embalmer

Licensed Embalmer No. 478

P. O. Address. Blair

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.