

FILED NOV 25 1950

STANDARD CERTIFICATE OF DEATH

State File No. 37137
4707

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>8 mos.</u>		d. STREET ADDRESS (If rural, give location) <u>521 1/2 E. 12 St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>			

3148

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jack</u> b. (Middle) <u>E.</u> c. (Last) <u>Lyon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 7 50</u>		
5. SEX <u>Ma</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6-18-1917</u>	9. AGE (In years last birthday) <u>33</u>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laundry</u>		11. BIRTHPLACE (State or foreign country) <u>Chamberlain, S.D.</u>	
13a. FATHER'S NAME <u>Chas. A. Lyon</u>			13b. MOTHER'S MAIDEN NAME <u>Libby Tusa</u>		14. NAME OF HUSBAND OR WIFE <u>Phyllis M. Lyon</u>

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>xx</u>		16. SOCIAL SECURITY NO. <u>504-10-3976</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Phyllis M. Lyon 521 1/2 E. 12th St.</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic glomerulonephritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>59²-x</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.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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 Nov. 6, 1950, to Nov. 7, 1950, that I last saw the deceased alive on Nov. 7, 1950, and that death occurred at 10:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Edward Stratemeyer Jr.</u> (Degree or title)	23b. ADDRESS <u>24th & Cherry</u>	23c. DATE SIGNED <u>11-8-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11-8-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McBee Chapel Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Braymer, Mo.</u>

DATE REC'D BY LOCAL REG. <u>11-8-50</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. W. Wagner, K. C. Mo.</u>
--	--	--

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

Dr. W. J. Ellis

NOV 28 1957

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 _____

Ralph Baughman

working under my personal supervision.

Student Embalmer No. *357*

Signed *Ralph Baughman*
Student Embalmer

Signed *Alvin R. Hausch*

Licensed Embalmer No. *4159*

P. O. Address *R. C. 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.