

FILED MAR 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4622

BIRTH NO. _____ REG. DIST. NO. 143 PRIMARY REG. DIST. NO. 4232 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Willow Springs, Mo.		c. LENGTH OF STAY (In this place) 5 Yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Willow Springs,	
		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) James Moore Lyons			4. DATE OF DEATH (Month) (Day) (Year) Feb. 5, 1951				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED? (Specify) Widowed	8. DATE OF BIRTH June 4, 1880	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Days 8	IF UNDER 1 HR. Hours 1	IF UNDER 15 MIN. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (State or foreign country) Waukesh County, Wis.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Eli Lyons	13b. MOTHER'S MAIDEN NAME Mary Moore	14. NAME OF HUSBAND OR WIFE Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Etta Belle Underwood	ADDRESS Willow Springs,
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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, ashenia, 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) Cerebral Hemorrhage 12 days		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension Chronic Severe DUE TO (c) Cerebral Arteriosclerosis		331X
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostatic Hypertrophy			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE	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 1/23, 1951 to 2/5, 1951, that I last saw the deceased alive on 1/28, 1951, and that death occurred at app 4:00 AM from the causes and on the date stated above.

23a. SIGNATURE M. B. Perkins M.D.	(Degree or title)	23b. ADDRESS Willow Springs, Mo.	23c. DATE SIGNED 2/6/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/8/51	24c. NAME OF CEMETERY OR CREMATORY Winona Cemtery	24d. LOCATION (City, town, or county) (State) Winona, Missouri
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DATE REC'D BY LOCAL REG. Feb. 18, 1951	REGISTRAR'S SIGNATURE Marshall Ballantyne	387	25. FUNERAL DIRECTOR'S SIGNATURE Burns Funeral Home	ADDRESS Willow Springs,
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED FEB 20 1951

Dist. File 251-410

Date Filed 2-20-51

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.

Fred W. Barnes

Signed Fred W. Barnes

Student

Student Embalmer

Licensed Embalmer No. 4614

P. O. Address Willow Springs, 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.