

FILED SEP 28 1951

STANDARD CERTIFICATE OF DEATH

State File No. **30607**

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5586 Registrar's No. 178

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Marion</u>)		c. CITY (If outside corporate limits, write RURAL and give township) <u>0490</u> OR TOWN <u>Rural Marion</u>	
c. LENGTH OF STAY (in this place) <u>10 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Route # 1 Carthage, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route # 1 Carthage, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Gertie</u>	b. (Middle)	c. (Last) <u>Lyman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 13, 1951</u>
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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>July 24, 1882</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 2 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Thomas Clark</u>	13b. MOTHER'S MAIDEN NAME <u>Unk.</u>	14. NAME OF HUSBAND OR WIFE <u>James E. Lyman</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lucille Filbeck Carthage RR #1</u>
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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 <u>6 mo.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fibrosarcoma left thigh</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with metastasis to brain</u> DUE TO (c) <u>197X</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>Apr 20 '51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Tumor removed left thigh</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	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) <u>none</u>	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 Apr 13, 1951, to Sept 13, 1951, that I last saw the deceased alive on Apr 13, 1951, and that death occurred at 8:30 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George H. Wood M.D.</u>	23b. ADDRESS <u>Carthage Mo</u>	23c. DATE SIGNED <u>9/14/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-16-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fasken Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jasper Missouri</u>
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DATE REC'D BY LOCAL REG. <u>9-16-51</u>	REGISTRAR'S SIGNATURE <u>L. B. Clinton M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ulmer Funeral Home Carthage, Mo.</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 9/27/51
Jasper County Health Office

County File Number 5179/756

Date Filed 9/27/51

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

Ray B. Rose

Licensed Embalmer No. 4779

P. O. Address *Casthage M*

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.