

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11667

State File No. ....

FILED MAR 19 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 6087 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural-Cambridge</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0970</u> OR TOWN <u>Rural-Cambridge</u>	
c. LENGTH OF STAY (in this place) <u>7 years</u>		d. STREET ADDRESS (If rural, give location) <u>7 Miles North Slater, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 Miles North, Slater, Mo</u>		e. FULL NAME OF HOSPITAL OR INSTITUTION	
3. NAME OF DECEASED a. (First) <u>LUCY</u> b. (Middle) <u>CATHERINE</u> c. (Last) <u>LYON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March-10-1952</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>March-28-1886</u>
9. AGE (In years last birthday) <u>65-11-12</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Near Ayres, Saline Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Harris</u>		13b. MOTHER'S MAIDEN NAME <u>Rachel Ferrel</u>	
13c. NAME OF HUSBAND OR WIFE <u>James Robert Lyon</u>		14. NAME OF HUSBAND OR WIFE	
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. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Dave Lyon, Slater, Mo</u>		17. INFORMANT'S SIGNATURE OR NAME (ADDRESS)	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Virus Pneumonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u>  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 type="checkbox"/> NO <input checked="" type="checkbox"/>		492x	
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. HOW DID INJURY OCCUR?	
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"/>	
22. I hereby certify that I attended the deceased from <u>Feb. 14, 1951</u> to <u>Mar. 10, 1952</u> , that I last saw the deceased alive on <u>Mar. 1, 1952</u> and that death occurred at <u>6:25 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>C.A. McBurney MD</u> (Degree or title)		23b. ADDRESS <u>Slater, Mo</u>	
23c. DATE SIGNED <u>3/11/52</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3-12-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Rehobaths Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Half Mile West Slater, Mo</u>	
DATE REC'D BY LOCAL REG. <u>3/22/52</u>		REGISTRAR'S SIGNATURE <u>Mo. Earl C. Frey</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Jones</u>		ADDRESS <u>Slater, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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JUL 2 1962

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.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.