

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1525
269

State File No.

FILED FEB 14 1953

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| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | 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) OR TOWN <u>Kansas City</u> | | | c. LENGTH OF STAY (in this place) <u>44 YRS.</u> | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>704 West 75th Terrace</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u> | | | b. (Middle) _____ | | c. (Last) <u>LYONS</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 16, 1953</u> |
| 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>4-16-1964</u> | 9. AGE (In years last birthday) <u>88</u> | # UNDER 1 YEAR Months _____ Days _____ | # UNDER 6 MRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>ONTARIO, CANADA</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>JOSEPH MATT</u> | | | 13b. MOTHER'S MAIDEN NAME <u>MARGARET</u> | | 14. NAME OF HUSBAND OR WIFE <u>Hugh 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 ADDRESS <u>MRS. T. HIXON 704 W. 75 TERR. K.C. MO.</u> | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION | | | | | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis with infarction</u> | | | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Hypertensive heart disease</u> | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of cervix</u> <u>Fractured right hip</u> | | | | <u>443xH</u> | | | |
| 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) m. | | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Angelo Lapi</u> (Degree or title) <u>Angelo Lapi M.D. pathologist</u> | | | | 23b. ADDRESS <u>101 Memorial Drive</u> | | 23c. DATE SIGNED <u>1-17-53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>1-20-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVET</u> | | 24d. LOCATION (City, town, or county) (State) <u>K.C. MO.</u> | | |
| DATE REC'D BY LOCAL REG. <u>1-17-53</u> | | REGISTRAR'S SIGNATURE <u>Geraldine Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody-McG. Hefeylar</u> | | ADDRESS <u>K.C. MO.</u> | |

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

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 _____

Melvin Barteau

Student Embalmer No. 438

working under my personal supervision.

Student *Melvin Barteau*
Student Embalmer

Signed *J. Lee Schaberg*

Licensed Embalmer No. 4513

P. O. Address Oleson, 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.