

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 8021 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>	
c. LENGTH OF STAY (in this place) <u>6 Mo.</u>		0402	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Neal Rest Home</u>		d. STREET ADDRESS (If rural, give location) <u>Fair Ground Addition</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Willard</u> b. (Middle) <u>H.</u> c. (Last) <u>Lyon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 5, 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 24, 1885</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farminf (Ret)</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Half Rock, Missouri</u>	
13a. FATHER'S NAME <u>James Lyon</u>			13b. MOTHER'S MAIDEN NAME <u>Charolette Card</u>		14. NAME OF HUSBAND OR WIFE <u>Nancy Ellen Lyon (Dec)</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>James Lyon</u> ADDRESS _____	
12. CITIZEN OF WHAT COUNTRY? <u>USA</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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile Dementia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</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.		304X			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input 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 <u>Feb 1st, 1953</u> to <u>Feb 5th, 1953</u> that I last saw the deceased alive on <u>Feb 4th, 1953</u> , and that death occurred at <u>9:00 P m.</u> , from the causes and on the date stated above.					

23a. SIGNATURE <u>Oliver F. Duffy MD</u> (Degree or title)		23b. ADDRESS <u>Trenton, Missouri</u>		23c. DATE SIGNED <u>2-7-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-7-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove</u>	
				24d. LOCATION (City, town, or county) (State) <u>Trenton Missouri</u>	

DATE REC'D BY LOCAL REG. <u>2-7-53</u>		REGISTRAR'S SIGNATURE <u>Lucene Fairill</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gibson-Ovler</u> ADDRESS <u>Trenton, Mo.</u>	
--	--	---	--	--	--

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

402
4

APR 7 1953

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 Maurice Ogley

Licensed Embalmer No. 14442

P. O. Address Truiston, 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.