

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18421

State File No. 0311337

No. 300
10-48

FILED MAY 20 1953

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>344</u>	
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>KANSAS</u> b. COUNTY <u>CHEROKEE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>GAZENA</u>		OR TOWN <u>8150</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1011 MAIN ST. 8</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MILTON</u> b. (Middle) <u>MONTGOMERY</u> c. (Last) <u>LYSTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 12. 1953</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>5-28-1884</u>		9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>NEWTON Co. MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>MILTON LYSER</u>		13b. MOTHER'S MAIDEN NAME <u>JENNIE HUDDLEN</u>		14. NAME OF HUSBAND OR WIFE <u>TENNIE LYSER</u>			
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>500-05-2060</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. TENNIE LYSER, GAZENA KAN.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial infarction</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. <u>Wernia Pneumonia Rt lung</u>					INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201	
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 _____, 19____, to <u>12 May, 1953</u> , that I last saw the deceased alive on <u>12 May, 1953</u> , and that death occurred at <u>8:35 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. Davis M.D.</u> (Degree or title)				23b. ADDRESS <u>Gazena Kans.</u>		23c. DATE SIGNED <u>13 May 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-15-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OSARK MEMORIAL</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin Missouri</u>		
DATE REC'D BY LOCAL REG. <u>5-15-53</u>		REGISTRAR'S SIGNATURE <u>Ed. James</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lesley Thompson Co. Neosho Mo.</u>			

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

495
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 5-19-53
Jasper County Health Office

County File Number 53-5-438
Date Filed 5-19-53

REC'D
MAY 19 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. 474

working under my personal supervision.

Student Loy L. Adams
Student Embalmer

Signed Carley Thompson Sr.

Licensed Embalmer No. 3259

P. O. Address Neosho 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.