

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25483

State File No.

FILED AUG 4 - 1953

BIRTH NO. REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 3034 Registrar's No. 54

0541

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

1. PLACE OF DEATH a. COUNTY <u>Higginsville, Lafayette Co., Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Higginsville, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Higginsville, Missouri</u> <u>0541</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>1402 Main St., Higginsville, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Burns</u> c. (Last) <u>Lyons</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 26, 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>Nov. 19, 1874</u>
9. AGE (In years last birthday) <u>78</u>		10. MONTHS <u>8</u>	11. DAYS <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer-banker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer - Banker</u>	11. BIRTHPLACE (State or foreign country) <u>Near Lexington, Lafayette Co.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13a. FATHER'S NAME <u>James Lyons</u>	
13b. MOTHER'S MAIDEN NAME <u>Fanny Burns</u>		14. NAME OF HUSBAND OR WIFE <u>Bess Bradley</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>486-09-4721</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth R. McComb</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pulmonary Edema</u> INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>	
ANTECEDENT CAUSES DUE TO (b) <u>Myocardial insufficiency.</u> DUE TO (c) <u>Hypertensive Cardiovascular disease</u>		2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Vascular Accident</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>10/3</u> , <u>1952</u> , to <u>7/26</u> , <u>1953</u> , that I last saw the deceased alive on <u>7/26</u> , <u>1953</u> , and that death occurred at <u>6:15 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Bess Bradley</u>		23b. ADDRESS <u>Higginsville, Mo.</u>	
23c. DATE SIGNED <u>7/28/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>July 28, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Higginsville Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Hader</u>	
25. ADDRESS <u>Higginsville, Mo.</u>		DATE REC'D BY LOCAL REG. <u>July 29, 1953</u>	
REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u>		154	

AUG 4 1953

OCT 28 1953

JAN 8 1954

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 Embalmer No.

Signed Ray J. Wiegans

Signed.....
Student Embalmer

Licensed Embalmer No. 2883

P. O. Address Higginville, 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.