

STANDARD CERTIFICATE OF DEATH

9511

State File No.

BIRTH NO. FILED MAR 22 1954		REG. DIST. NO. 245		PRIMARY REG. DIST. NO. 5836		Registrar's No. 28		
1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON 0730</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>RURAL</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEOSHO TWP.</u>				e. STREET ADDRESS (If rural, give location) <u>NEOSHO R.F.D. #3</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>GAIL</u> b. (Middle) <u>HAROLD</u> c. (Last) <u>LYONS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 10 1954</u>					
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH: <u>JUNE 14, 1950</u>		9. AGE (In years last birthday) <u>3</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>NEOSHO MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>SUMNER LYONS</u>			13b. MOTHER'S MAIDEN NAME <u>ERSHET MARRAN</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>SUMNER LYONS NEOSHO MO. R#3.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Basal Skull Fracture</u>	ANTECEDENT CAUSES					30 min		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Broken neck</u>							
	DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death. <u>E8350</u> <u>33</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Train</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>073</u> <u>West of Newton County, Mo.</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>March 10, 1954 3:30 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>At end of track</u>				
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 <u>5:00 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Corley Thompson</u>				23b. ADDRESS <u>317 E. Main St. Neosho, Mo.</u>		23c. DATE SIGNED <u>3-15-54</u>		
24a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-12-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HAZEL GREEN</u>		24d. LOCATION (City, town, or county) (State) <u>NEWTON COUNTY MO</u>			
DATE REC'D BY LOCAL REG. <u>3-15-54</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u> 223-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Corley Thompson Sr. Neosho Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH UNIT
District File Number 354-47
Date Filed MAR 19 1954

NEOSHO, MISSOURI

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.....
Signature of Student Embalmer

Signed *Ray J. Williams*

Licensed Embalmer No. 492
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.