

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11392

State File No. ....

FILED APR 19 1954

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>98</u>	
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived or institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Fulton</u> )		c. LENGTH OF STAY (In this place) <u>7 year</u>		c. CITY OR TOWN <u>Fulton</u>		d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>816 Vine St.</u>				e. STREET ADDRESS (If rural, give location) <u>816 Vine 0143</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) _____ c. (Last) <u>Lyons</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 10-1954</u>				
6. SEX <u>Female</u>		7. MARRIED NEVER MARRIED, <u>WIDOWED</u> DIVORCED <u>Never</u>		8. DATE OF BIRTH <u>July 10-1875</u>		9. AGE (In years last birthday) <u>78</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work and business, most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Callaway County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Monroe White</u>		13b. MOTHER'S MAIDEN NAME <u>Oliza Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>Dudley Lyons - deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY # <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. White - 807 State St. - Fulton Mo.</u> ADDRESS _____			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES DUE TO (b) <u>Cardio Vascular Disease</u> DUE TO (c) <u>Gen Arteriosclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last...  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. \				INTERVAL BETWEEN ONSET AND DEATH <u>17 hours</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) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>442 X</u>			
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>2/28</u> , 19 <u>54</u> , to <u>4/10</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>4/10</u> , 19 <u>54</u> , and that death occurred at <u>2:15 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>George Wood MD</u>				23b. ADDRESS <u>Fulton, Mo.</u>		23c. DATE SIGNED <u>4/10/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Date) <u>Apr 13-54</u>		24b. DATE _____		24c. NAME OF CEMETERY OR CREMATORY <u>Kibby Family Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Callaway Co. R#1 Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 13-1954</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Edi Bell</u>		ADDRESS <u>Fulton, 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 emb

by me, or by ..... Student Embalmer No. ....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Harry H. Bell*.....  
Licensed Embalmer No. *486*

P. O. Address *Kulman,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa  
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.