

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300

10. 48

FILED JUL 12 1954

42

PRIMARY REG. DIST. NO. 1000

Registrar's No. 736

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 736	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Holt			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) unk		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maitland		0440	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1601 Faraon St.				d. STREET ADDRESS (If rural, give location) /			
3. NAME OF DECEASED (Type or Print) a. (First) ELIJAH			b. (Middle) WILBUR		c. (Last) LYON		4. DATE OF DEATH (Month) (Day) (Year) July 4, 1954
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 22, 1879	
9. AGE (In years last birthday) 74		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Druggist		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Clinton Co., Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Lyon		13b. MOTHER'S MAIDEN NAME Sarah Grooms		14. NAME OF HUSBAND OR WIFE Florence Lillian Lyon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 500-07-7416		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marguerite Waegole 1601 Faraon St. City			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage, left  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, general  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 mos.  ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  331 X				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) m.		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 June 10, 1954, to July 4, 1954, that I last saw the deceased alive on June 10, 1954, and that death occurred at 5:00 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>[Signature]</i>				23b. ADDRESS 301 No. 8th St., St. Joseph, Mo.		23c. DATE SIGNED 7-6-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-7-1954		24c. NAME OF CEMETERY OR CREMATORY Evergreen		24d. LOCATION (City, town, or county) (State) Osborn, Missouri	
DATE REC'D BY LOCAL REG. July 9, 1954		REGISTRAR'S SIGNATURE 485 Kathleen M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. W. Lyon Plattsburg, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 31 1967

**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 Danell D. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg, 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.