

FILED JUL 12 1954

STANDARD CERTIFICATE OF DEATH

State File No. 19042  
2535

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CLAY	
b. CITY OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY North	
c. LENGTH OF STAY (in this place) over 10 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION VINEYARD PARK HOSPITAL		e. STREET ADDRESS (If rural, give location) 4815 N. FREEMONT 6088	

3. NAME OF DECEASED (Type or Print) a. (First) FRANCIS b. (Middle) F. c. (Last) LYLES		4. DATE OF DEATH (Month) (Day) (Year) JUNE 4 1954	
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV. 18, 1881	9. AGE (In years last birthday) 72	10. MONTHS	11. DAYS	12. HOURS	13. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY CARPENTER	11. BIRTHPLACE (City and State or Foreign Country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME William LYLES	13b. MOTHER'S MAIDEN NAME Addie Dawson	14. NAME OF HUSBAND OR WIFE Lillian M. LYLES
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. Lillian LYLES R.C. 16, MO.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4 1/2

19a. DATE OF OPERATION 2 June 1954	19b. MAJOR FINDINGS OF OPERATION Chronic prostatic hypertrophy	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OR INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) COUNTY) (STATE)
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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
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22. I hereby certify that I attended the deceased from 8:00 am, 1954, to 4 June, 1954 that I last saw the deceased alive on 3 June, 1954, and that death occurred at 2:24 p.m., from the causes and on the date stated above.

23a. SIGNATURE Sheldon M.D. (Degree or title)	23b. ADDRESS 2501 Hillman	23c. DATE SIGNED 4 June 54
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24a. BURIAL CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-6-54	24c. NAME OF CEMETERY OR CREMATORY ROGERS CEM.	24d. LOCATION (City, town, or county) (State) N. RANDOLPH, MO.
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DATE REC'D BY LOCAL REG. 6-5-54	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DW Newcomer's Sons N.K.C. Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. John  
Sheldon

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 Glenn H. Hill .....

Licensed Embalmer No. 4586

P. O. Address K. C. 16, 7

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.