

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41079**
Registrar's No. **5756**

FILED JAN 5 1955
BIRTH NO. **97208-54** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1001**

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

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson		
b. CITY OR TOWN Kansas City (If outside corporate limits, write RURAL and give township)		c. LENGTH OF STAY (in this place) Ohio	c. CITY OR TOWN Kansas City		Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Medical Center			STREET ADDRESS (If rural, give location) 3236 Garner 209 1/2		
3. NAME OF DECEASED (Type or Print) a. (First) Baby boy		b. (Middle)	c. (Last) LYONS	4. DATE OF DEATH (Month) (Day) (Year) 12-15-54	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH 12-14-54	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ARTHUR G. LYONS		13b. MOTHER'S MAIDEN NAME DOROTHY McQUEEN		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or if unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arthur G. Lyons - 3236 Garner			
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) massive stibectasis of lungs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 not
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 12-14, 1954 , to 12-15, 1954 , that I last saw the deceased alive on 12-15, 1954 , and that death occurred at 4:25 1/2 m., from the causes and on the date stated above.					
23a. SIGNATURE (In cursive) Maury L. Mooney M.D.			23b. ADDRESS 1430 Bryant Bldg		23c. DATE SIGNED 12/15/54
24a. BURIAL CREMATION (Specify)	24b. DATE 12/16/54	24c. NAME OF CEMETERY OR CREMATORY Salem Lutheran		24d. LOCATION (City, town, or county) (State) Forest Grove Mo	
DATE REC'D BY LOCAL REG. 12-16-54	REGISTRAR'S SIGNATURE new minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter L. Kelly Judas 20		

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 *William L. Taylor*.....

Licensed Embalmer No. *43*.....

P. O. Address *Indep*.....

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.