

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **43075**

FILED DEC 20 1954

BIRTH NO. _____		REG. DIST. NO. 322		PRIMARY REG. DIST. NO. 3071		Registrar's No. 4	
1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Saline			
b. CITY (If outside corporate limits, write RURAL and give town) Slater		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Slater		d. 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				e. STREET ADDRESS (If rural, give location) 303 N. Euclid 0971			
3. NAME OF DECEASED (Type or Print)		a. (First) Elie Lyne		b. (Middle) Howard		c. (Last)	
5. SEX F		6. COLOR OR RACE Wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unwedded		8. DATE OF BIRTH 12-1-1859	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (City and State or Foreign Country) Saline Co Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Thomas Lyne		13b. MOTHER'S MAIDEN NAME Eliza Barnett		14. NAME OF HUSBAND OR WIFE			
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. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME Mrs Nina Brown		ADDRESS Slater Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, Acute				48 hrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility					
		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 500X				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) (Min.)		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 4-1 , 19 39 , to 12-10 , 19 54 , that I last saw the deceased alive on 12-9 , 19 54 and that death occurred at 3:40 a.m., from the causes and on the date stated above.							
23a. SIGNATURE C. A. McBurney MD.				23b. ADDRESS Slater, Mo.		23c. DATE SIGNED 12-10-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-12-54		24c. NAME OF CEMETERY OR CREMATORY Rehoboth Cemetery		24d. LOCATION (City, town, or county) (State) Saline Mo	
DATE REC'D BY LOCAL REG. 12/13/54		REGISTRAR'S SIGNATURE Mrs. Earl C. Metz		25. FUNERAL DIRECTOR'S SIGNATURE Hill Brothers		ADDRESS	

(Licensed Embalmers' Statement on Reverse Side)

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

0971

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... *Sam M Hill*

Licensed Embalmer No. *129*

P. O. Address *Slate M*

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.