

STANDARD CERTIFICATE OF DEATH

BIRTH NO. REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5222 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY Cass 3
b. CITY (If outside corporate limits, write RURAL and give town) Rural Dolan Twp.
c. LENGTH OF STAY (In this place) 27 years

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Cass
c. CITY OR TOWN Freeman
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location) 0190

3. NAME OF DECEASED (Type or Print)
a. (First) Donald b. (Middle) Milton c. (Last) Lyon
4. DATE OF DEATH (Month) (Day) (Year) Jan. 31 1955

5. SEX Male 0 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 5, 1927 9. AGE (In years last birthday) 27 IF UNDER 1 YEAR Months 1 IF UNDER 24 HRS. Days 26 Hours 0 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lineman
10b. KIND OF BUSINESS OR INDUSTRY Pipeline
11. BIRTHPLACE (City and State or Foreign Country) Freeman, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Carl Lyon
13b. MOTHER'S MAIDEN NAME Bessie Thompson
14. NAME OF HUSBAND OR WIFE Patricia Lyon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
16. SOCIAL SECURITY NO. 497-28-5647
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harold Dean Lyon Freeman, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) BRAIN TRAUMA
\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) SKULL FRACTURE
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 SUDDEN
SUDDEN

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) STATE ROAD
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Dolan Township Cass 019 Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1 31 55 3P.m.
21e. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? TRUCK OVERTURNED

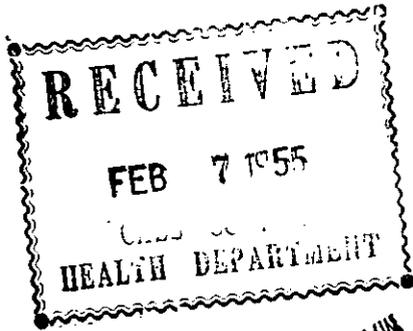
22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Gerald Jande (Crown) 3
23b. ADDRESS Pleasant Hill, Mo
23c. DATE SIGNED 1/31/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-2-55
24c. NAME OF CEMETERY OR CREMATORY Freeman Cemetery
24d. LOCATION (City, town, or county) (State) Freeman Mo.

DATE REC'D BY LOCAL REG. FEB 2, 1955
REGISTRAR'S SIGNATURE 457-01 Dora Barnard
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Atkinson Bros. Hannibal, Mo.

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



MAR 1 1955

**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.. *Robert W. Calkinson*

Licensed Embalmer No. *4902*

P. O. Address *Hannover, N.H.*

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.