

FILED FEB 23 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3837

BIRTH NO. _____		REG. DIST. NO. <u>6</u>		PRIMARY REG. DIST. NO. <u>5031</u>		Registrar's No. <u>3</u>							
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cuivre</u>		c. LENGTH OF STAY (In this place) <u>7 YEARS</u>		c. CITY OR TOWN <u>Rural Cuivre</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 mile East Vandalia</u>				e. STREET ADDRESS (If rural, give location) <u>1/2 mile East Vandalia</u> <u>040</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ella</u>			b. (Middle)		c. (Last) <u>Lyons</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 11, 1955</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 19, 1866</u>		9. AGE (In years) (In months) (In days) <u>88</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Pike County, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>US</u>					
13a. FATHER'S NAME <u>Thomas Fletcher Chamberlain</u>				13b. MOTHER'S MAIDEN NAME <u>Matilda Baxter</u>				14. NAME OF HUSBAND OR WIFE <u>William Lawrence Lyons</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Herman Huddleston, Vandalia, Mo</u>								
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, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>											
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Bronchitis</u>											
		DUE TO (c) <u>Senility</u>											
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 <u>5021</u>										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 <u>Feb. 3, 1953</u> , to <u>Feb. 11, 1955</u> , that I last saw the deceased alive on <u>Feb. 10, 1955</u> , and that death occurred at <u>9:30 p.m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>H. W. Blumhagen D.</u>						23b. ADDRESS <u>Vandalia, Missouri</u>			23c. DATE SIGNED <u>Feb. 12, 1955</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 13, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>Vandalia, Missouri</u>						
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Feb. 14 1955</u>		REGISTRAR'S SIGNATURE <u>Matthe Ferguson</u>			FURNERAL DIRECTOR'S SIGNATURE <u>William B. Waters</u>			ADDRESS <u>Vandalia, Mo.</u>					

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

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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 B. Waters*

Licensed Embalmer No. *4167*

P. O. Address *Paulina*

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.