

FILED FEB 17 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

4380

BIRTH NO. _____		REG. DIST. NO. <u>101</u>		PRIMARY REG. DIST. NO. <u>5415</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>Douglas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u>			
b. CITY (If outside corporate limits, write RURAL and give town or town (RURAL) <u>Wood</u>		c. LENGTH OF STAY (in this place) <u>26 yrs</u>		c. CITY OR TOWN <u>VanZant</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>2 miles North of VanZant</u>				e. STREET ADDRESS (If rural, give location) <u>2 miles North of VanZant 0340</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Murtle</u> b. (Middle) <u>Belle</u> c. (Last) <u>LYON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 28, 1955</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY 2, 1871</u>	
9. AGE (In years last birthday) <u>84</u>		10. 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>HOUSE KEEPING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MAHESKI COUNTY - IOWA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>David I. Mills</u>		13b. MOTHER'S MAIDEN NAME <u>MARY TORRENCE</u>		14. NAME OF HUSBAND OR WIFE <u>IRA E. LYON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>XXX</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS. <u>IRA E. LYON - VANZANT MO</u>			
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) <u>Death from Strychnine</u> ANTECEDENT CAUSES <u>Burned to Death</u> 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. <u>E9160. 16</u>					INTERVAL BETWEEN ONSET AND DEATH <u>JAN 28, 55</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rural Wood Wright, MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1 28 55 6<sup>00</sup> m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Home Burned</u>			
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 <u>W. Connor</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>Mountains Grove MO</u>		23c. DATE SIGNED <u>2-5-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1/30/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>VANZANT CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>VANZANT MO</u>	
DATE REC'D BY LOCAL REG. <u>2-15-55</u>		REGISTRAR'S SIGNATURE <u>Uental Bushman</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R.W. Barber P.O. LEXINGTON MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 10 1958

FEB 28 1958

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 *R. W. Zook*

Licensed Embalmer No. *380*

P. O. Address *City, Pa.*

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.