

FILED FEB 24 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4935

Registrar's No. 467

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Platte</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY OR TOWN <b>Parkville</b>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>2 Wks.</b>		STREET ADDRESS (If rural, give location) <b>Rt. 4</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Research Hospital</b>			
3. NAME OF DECEASED a. (First) <b>Harry</b> (Type or Print)		b. (Middle) <b>Albert</b>	
c. (Last) <b>Lyon</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 29 1955</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 29, 1905</b>
9. AGE (In years last birthday) <b>49</b>		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) <b>Potato Machine Safeway Produce House</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Columbia, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>			
13a. FATHER'S NAME <b>Robert Daniel Lyon</b>		13b. MOTHER'S MAIDEN NAME <b>Bertha Hape</b>	
14. NAME OF HUSBAND OR WIFE <b>Mabel Lyon</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>495-12-2395</b>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Mabel Lyon Rt. 4 Parkville, Mo.</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Myocardial Infarction</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Artery Thrombosis</b> 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	
20. AUTOPSY? YES <input checked="" 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) (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 <b>14 Jan, 1955</b> , to <b>29 Jan, 1955</b> , that I last saw the deceased alive on <b>Jan 28 1955</b> , and that death occurred at <b>8:30 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Edw. H. Fischer</b> (Degree or title)		23b. ADDRESS <b>306 E. 21st North Kansas</b>	
23c. DATE SIGNED <b>1-21-55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-1-1955</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Fairview Cemetery</b>		24d. LOCATION (City, town, county) (State) <b>Liberty, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>2-1-55</b>		REGISTRAR'S SIGNATURE <b>Neva Marshall</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>D. W. Newcomer's Sons</b>		ADDRESS <b>North Kansas City</b>	

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

MAY 2 1960

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..... *John Kalsbeek*  
Licensed Embalmer No. *494*

P. O. Address *No. K.C.*

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.