

39451

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 6 1955

BIRTH NO. _____		REG. DIST. NO. <u>956</u>		PRIMARY REG. DIST. NO. <u>4521</u>		Registrar's No. <u>49</u>	
1. PLACE OF DEATH a. COUNTY <u>Texas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Texas</u> b. COUNTY <u>Texas</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Houston Precy</u>		c. LENGTH OF STAY (In this place) <u>53 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Houston Precy</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>10<sup>th</sup> 0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>EDGAR</u>		b. (Middle) <u>KINGORE</u>		c. (Last) <u>LYLES</u>	
4. DATE OF DEATH		(Month) <u>Nov.</u>		(Day) <u>29</u>		(Year) <u>1955</u>	
5. SEX <u>m</u>		6. COLOR OR RACE <u>w</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Nov. 10, 1866</u>	
9. AGE (In years last birthday) <u>89</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>Editor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>newspaper</u>		11. BIRTHPLACE (State or foreign country) <u>Oxford, Miss.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>William Lyles</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Kingore</u>		14. NAME OF HUSBAND OR WIFE <u>Nellie E.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Winnie Gladden Houston, Tx</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized arteriosclerosis with arterial atherosclerotic heart dis.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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>4200</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</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)		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)		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>Sept 19/45</u> to <u>11-29</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>11-29</u> , 19 <u>55</u> , and that death occurred at <u>10:45</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Deceased or title) <u>Ann B. Kelly MD</u>		23b. ADDRESS <u>Houston, Tx</u>		23c. DATE SIGNED <u>12-9-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12-2-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Houston</u>		24d. LOCATION (City, town, or county) (State) <u>Houston, Tx</u>	
DATE REC'D BY LOCAL REG. <u>12-9-55</u>		REGISTRAR'S SIGNATURE <u>Muriel Craig</u>		327		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Waller Funeral Home, Houston, Tx</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

45'0

DEC 16 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 .....  
Student-Embalmer

Signed *Frank E. Ford*

Licensed Embalmer No. *4026*

P. O. Address *Houston, TX*

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 this body is not embalmed, fact should be so stated above.