No. 300
10.48

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

FILED DEC 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41202

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 112

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lexington
c. LENGTH OF STAY (in this place): 1 wk.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lafayette
c. CITY OR TOWN: Higginsville
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 1106 Elm

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Elliott
c. (Last): Lyons

4. DATE OF DEATH (Month) (Day) (Year): December 5 55

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8-13-1882
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 2, Days 22 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dentist
10b. KIND OF BUSINESS OR INDUSTRY: Self Employed Dentistry
11. BIRTHPLACE (City and State or Foreign Country): Higginsville, Mo
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: James Lyons
13b. MOTHER'S MAIDEN NAME: Fannie Burns
14. NAME OF HUSBAND OR WIFE: Minnie Lyons Higginsville
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Minnie Lyons — ADDRESS: Higginsville Mo.

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) Lower nephron nephrosis — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Exploratory Laporotomy — 4 days
DUE TO (c) Lymphosarcoma, Lymphocytic cell type, Generalized — Unknown

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 2001

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

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/1, 1955, *to* 12/5, 1955, *that I last saw the deceased alive on* 12/5, 1955, *and that death occurred at* 11:35a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert B. Best (Degree or title) M. D.
23b. ADDRESS: Higginsville, Mo.
23c. DATE SIGNED: 12/8/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-7-1955
24c. NAME OF CEMETERY OR CREMATORY: City
24d. LOCATION (City, town, or county) (State): Higginsville, Mo.

DATE REC'D BY LOCAL REG.: 12-10-55
REGISTRAR'S SIGNATURE: Minnie E. Eastbrook
25. FUNERAL DIRECTOR'S SIGNATURE: Forrest A. Hoefer — ADDRESS: Higginsville Mo.

(Licensed Embalmer's Statement on Reverse Side)

AUG 14 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. [illegible]

Licensed Embalmer No 4.8.6

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.