FILED FEB 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3701

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4016 Registrar's No. 20

1. PLACE OF DEATH
a. COUNTY Atchison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Tarkio
c. LENGTH OF STAY (in this place) 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Atchison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Tarkio
d. STREET ADDRESS (If rural, give location) 00 30 0

3. NAME OF DECEASED (Type or Print)
a. (First) DORA
b. (Middle) NIXON
c. (Last) LYTLE

4. DATE OF DEATH (Month) (Day) (Year) February 7, 1956

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH April 21, 1874
9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR Months 9 Days 15 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Franklin County, Iowa.
12. CITIZEN OF WHAT COUNTRY? U.S

13a. FATHER'S NAME John Nixon
13b. MOTHER'S MAIDEN NAME Sedilia Cook
14. NAME OF HUSBAND OR WIFE George W. Lytle

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. Frank Cooper ADDRESS Tarkio, 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) Coronary Occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive arterio sclerotic
DUE TO (c) cardio vascular disease

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

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES ☐ NO ☒

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* 12/27/50, 19__, *to* 2/7/56, 19__, *that I last saw the deceased alive on* 2/7/56, 19__, *and that death occurred at* 7:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) C. Niedermeyer, M.D.
23b. ADDRESS Tarkio, Mo.
23c. DATE SIGNED 2/8/56

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 2/9/56
24c. NAME OF CEMETERY OR CREMATORY High Creek
24d. LOCATION (City, town, or county) (State) Watson, Mo.

DATE REC'D BY LOCAL REG. Feb 24, 1956
REGISTRAR'S SIGNATURE Marvin H. Schaale 443
25. FUNERAL DIRECTOR'S SIGNATURE Davis Funeral Home ADDRESS Tarkio, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MARK X

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 Fred A. Browning

Licensed Embalmer No. 3338

P. O. Address Tarkio, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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