No. 300
10.48

Dr. Green

FILED MAY 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14030

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 151

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakwoodl
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Long's Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN: Hannibal
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 306 So. Fifth St.,

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

4. DATE OF DEATH (Month) (Day) (Year): 4-7-56

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 1/25/1877
9. AGE (In years last birthday): 79 — 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): Railroad Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and State or Foreign Country): Hannibal, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Patrick Lyons
13b. MOTHER'S MAIDEN NAME: Bridget Griffen
14. NAME OF HUSBAND/OR WIFE: -

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.:
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. John Murray, St. Louis, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart — INTERVAL BETWEEN ONSET AND DEATH: 17 mths

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

~~DUE TO (b)~~ Disease

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: 4200
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* 11-22-54, *19*____, *to* 4-7-56, *19*____, *that I last saw the deceased alive on* 12-29-55, *19*____, *and that death occurred at* 11:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. L. Green M.D.
23b. ADDRESS: 100 N. Sixth, Hannibal, Mo.
23c. DATE SIGNED: 4-11-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/9/56
24c. NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery
24d. LOCATION (City, town, or county) (State): Hannibal, Mo.

DATE REC'D BY LOCAL REG. 4-28-56 — REGISTRAR'S SIGNATURE: Dr. E. M. Lucke By W. Fisher
25. FUNERAL DIRECTOR'S SIGNATURE: E. M. O'Donnell — ADDRESS: Hannibal, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 30 1956
MARION CO. HEALTH DEPT.
DATE FILED APR 30 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.....W. M. O'Donnell.....

Licensed Embalmer No.....3889

P. O. Address.....Hannibal, M

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.