

FILED JUL 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24513**

BIRTH NO. _____ REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **3048** Registrar's No. **174**

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. CITY OR TOWN Maryville	
c. LENGTH OF STAY (in this place) 1 week		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital		f. STREET ADDRESS (If rural, give location) 123 South Mulberry	

3. NAME OF DECEASED (Type or Print) a. (First) PATRICK b. (Middle) JOSEPH c. (Last) LYONS			4. DATE OF DEATH (Month) (Day) (Year) 7 15 56		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 9/23/76		9. AGE (in years last birthday) 79		IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-retired		10b. KIND OF BUSINESS OR INDUSTRY Own account		11. BIRTHPLACE (City and State or Foreign Country) Atchison County, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME John Lyons		13b. MOTHER'S MAIDEN NAME Honora Flanagan		14. NAME OF HUSBAND OR WIFE Catherine Dyer Lyons	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Patrick J. Lyons, Maryville, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular Renal Disease		INTERVAL BETWEEN ONSET AND DEATH 10 9 1/2	
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.		Benign Prostatic Hypertrophy		2 1/4	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442X		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 July 8, 19 56, to July 15, 19 56, that I last saw the deceased alive on July 15, 1956, and that death occurred at 1:55P m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>		(Degree or title) M. D.		23b. ADDRESS Maryville, Missouri	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 7/17/56		24c. NAME OF CEMETERY OR CREMATORY St. Columba	
24d. LOCATION (City, town, or county) (State) Conception, Missouri		23c. DATE SIGNED 7/17/56			

DATE REC'D BY LOCAL REG. 7-20-56		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.	
--	--	---	--	---	--

(Licensed Embalmers' Statement on Reverse Side)

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

2290

MAR 27 1959

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 *Clara M. Pucci*.....

Licensed Embalmer No. *1829*

P. O. Address *Maryville*

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.