

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 5 - 1956

State File No. **34896**

Registrar's No. **249**

BIRTH NO. _____		REG. DIST. NO. <b>251</b>		PRIMARY REG. DIST. NO. <b>5853</b>		State File No. <b>34896</b>		Registrar's No. <b>249</b>	
1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Nodaway</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Maryville R</b>			c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>Pickering</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Roadside Park</b>					e. STREET ADDRESS (If rural, give location) <b>1 1/2 miles southwest</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIE</b>			b. (Middle) <b>EDWIN</b>		c. (Last) <b>LYLE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>10 29 56</b>		
5. SEX <input checked="" type="radio"/> <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>4/22/03</b>		9. AGE (In years last birthday) <b>53</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Own account</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Skidmore, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Alexander Lyle</b>			13b. MOTHER'S MAIDEN NAME <b>Louella Thompson</b>			14. NAME OF HUSBAND OR WIFE <b>Nettie L. Moore Lyle</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>			16. SOCIAL SECURITY NO. <b>491-28-6370</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. W. E. Lyle, Pickering, Mo.</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Gunshot wound of head</b>						INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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.									
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) <b>Pickering Nodaway MO</b>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Shot self.</b>					
22. I hereby certify that I attended the deceased from _____, 19____, to <b>Oct. 29, 1956</b> , that I last saw the deceased alive on _____, 19____, and that death occurred at <b>1 P.</b> m., from the causes and on the date stated above.									
23a. SIGNATURE (Name or title) <b>B. V. Blaud MD</b>					23b. ADDRESS <b>Maryville, Missouri</b>			23c. DATE SIGNED <b>10-31-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>10/31/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Maryville, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>11-3 56</b>			REGISTRAR'S SIGNATURE <b>Bess Holt</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Price Funeral Home, Maryville, Mo.</b>			

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

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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 *Clem M. Price*.....

Licensed Embalmer No. *182*

P. O. Address *Marvill*

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.