Health, Welfare Public Service

300 1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 5 - 1956

35088
STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 2056 Registrar's No. 285

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 440 Woodland — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Randolph
c. CITY OR TOWN Moberly — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS 440 Woodland (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Ben Middle: Last: Lyons

4. DATE OF DEATH Month Oct Day 21 Year 1956

5. SEX Male **6. COLOR OR RACE** White **7. MARRIED** ☑ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH May 17 1888 **9. AGE** (In years last birthday) 68 — 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) Rtd. Elevator Opr. **10b. KIND OF BUSINESS OR INDUSTRY** Hotel **11. BIRTHPLACE** (City and state or country) Mo **12. CITIZEN OF WHAT COUNTRY?**

13. FATHER'S NAME William Lyon **14. MOTHER'S MAIDEN NAME** Tillie Truby

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I **16. SOCIAL SECURITY NO.** 356-01-5505 **17. INFORMANT** Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 30 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary heart disease — year
DUE TO (c) Cardio-Vascular Renal syndrome — year

PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Numerous strokes past year 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐ **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **20e. PLACE OF INJURY** (e. g., in or about home, farm, factory, street, office bldg., etc.) **20f. CITY, TOWN, OR LOCATION** COUNTY STATE

21. I attended the deceased from 9-2-56 to 10-21-56 and last saw ~~her~~ him alive on 10-21-56
Death occurred at 11 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. H. McCormick (Degree or title) D.O. **22b. ADDRESS** 300½ Rudd St. Moberly Mo. **22c. DATE SIGNED** 10-22-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial **23b. DATE** 10-23-56 **23c. NAME OF CEMETERY OR CREMATORY** Mary Hope **23d. LOCATION** (City, town, or county) East of Renick, Mo (State)

24. FUNERAL DIRECTOR Mahan & Son **ADDRESS** **25. DATE RECD. BY LOCAL REG.** 10/21/56 **26. REGISTRAR'S SIGNATURE** Leah Howe

(Licensed Embalmer's Statement on Reverse Side)

NOV 7 1956

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Raymond F. Stoe

Licensed Embalmer No. 42

P. O. Address Mobu

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