

FILED DEC 31 1956

STANDARD CERTIFICATE OF DEATH

State File No. 415-4
5336

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY
c. LENGTH OF STAY (in this place) 5 yrs.
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO. b. COUNTY JACKSON
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 3534 BELLEFONTAINE
d. STREET ADDRESS (If rural, give location) 567 KANSAS CITY MO.

3. NAME OF DECEASED (Type or Print)
a. (First) JENNIE b. (Middle) ALICE c. (Last) LYON
4. DATE OF DEATH (Month) (Day) (Year) Dec 9 1956

5. SEX Female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 2 widowed
8. DATE OF BIRTH JAN 15, 1881 9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper 10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) ARCHIE MISSOURI 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Stephen Childress 13b. MOTHER'S MAIDEN NAME ANSTIELETTE PARRISH 14. NAME OF HUSBAND OR WIFE George M LYON

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. No 17. INFORMANT'S SIGNATURE OR NAME ADDRESS R.E. LYON 3534 BELLEFONTAINE K.C.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, asthma, etc. It means the disease, injury, or complication which caused death.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion INTERVAL BETWEEN ONSET AND DEATH Sudden
ANTECEDENT CAUSES DUE TO (b) Paroxysmal Fibrillation 3 yrs
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Old Cerebral Hemorrhage 5 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension - Gen. Arteriosclerosis 5 yrs

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 331X 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 (Month) (Day) (Year) (Hour) OF INJURY 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 Nov 1953, to Dec 5, 1956, that I last saw the deceased alive on Dec 5, 1956, and that death occurred at 7 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C John M. Powers M.D. 23b. ADDRESS 3304 Lenwood. 23c. DATE SIGNED 12/9/56

24a. BURIAL CREMATION (REMOVAL) (Specify) B.U.A. 24b. DATE 12/11/56 24c. NAME OF CEMETERY OR CREMATORY FREEMAN CEMETERY 24d. LOCATION (City, town, or county) (State) FREEMAN, MISSOURI

DATE REC'D BY LOCAL REG. 12-9-56 REGISTRAR'S SIGNATURE Neva Marshall 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Peterson Dickey Hainsworth, mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
John M. Powers

STATE EMBALMER

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 Robert W. Atkinson

Licensed Embalmer No. 4902

P. O. Address Nauvoo, Mo.

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