No. 300
10.48

FILED JAN 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2370

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Leonard Wood
c. LENGTH OF STAY (In this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): US Army Hospital

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

3. NAME OF DECEASED (Type or Print)
a. (First): Keith
b. (Middle): Noel
c. (Last): Lyles

4. DATE OF DEATH (Month) (Day) (Year): January 2, 1957

5. SEX: Male
6. COLOR OR RACE: Cau
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: July 19, 1956
9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 5 Days: 13 IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ----
10b. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (City and State or Foreign Country): Scottsville, Kentucky
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Willie B. Lyles
13b. MOTHER'S MAIDEN NAME: Jo Ann Brown
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 AND ADDRESS: Robert T. Burreck ROBERT T. BURRECK, CWO, USA, US Army Hospital Fort Leonard Wood, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatic failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

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

DUE TO (b) Histoplasmosis link

DUE TO (c) generalized

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:
134.2
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* 25 December, 1956, *to* 2 January, 1957, *that I last saw the deceased alive on* 2 January, 1957, *and that death occurred at* 7:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Chas Byrne, MD.
23b. ADDRESS: US Army Hospital Fort Leonard Wood, Missouri
23c. DATE SIGNED: 2 Jan 57

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 1-2-57
24c. NAME OF CEMETERY OR CREMATORY: Scottsville Cem
24d. LOCATION (City, town, or county) (State): Scottsville Kentucky

DATE REC'D BY LOCAL REG.: 1-2-57
REGISTRAR'S SIGNATURE: Eula Mae Anderson
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: HEBERLE FUNERAL HOMES INC CROCKER MO

(Licensed Embalmer's Statement on Reverse Side)

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

LS 8
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RECEIVED 1-6-67
County Health Office
File Number 1
Date Filed 1-2-67

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence Moes

Licensed Embalmer No. 4896

P. O. Address Weyauwega

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