

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**5752**

**FILED FEB-18 1957**

4407 State File No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 4407 Registrar's No. 120

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Pettis</u>		a. STATE <u>MISSOURI</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LA MONTE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LA MONTE</u> <u>0808</u>	
c. LENGTH OF STAY (In this place) <u>30YRS</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <u>VIOLA</u>	b. (Middle) <u>LEE</u>	c. (Last) <u>LYNE</u>	<u>2-6-1957</u>		

<b>5. SEX</b> <u>FEMALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>WIDOWED</u>	<b>8. DATE OF BIRTH</b> <u>2-5-1863</u>	<b>9. AGE</b> (In years last birthday) <u>94</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 4 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>None</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Home</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Rockelle Virginia</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>YAROGY YOWENH</u>	<b>13b. MOTHER'S MARRIEN NAME</b> <u>ALMYRA YOWENH</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Geo. W. Lyne</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>H. G. Lyne</u>	<b>ADDRESS</b> <u>La Monte Mo</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>5 days</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Bronchial Pneumonia (Hypostatic)</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>L</u>  DUE TO (c) <u>Structure of left hip 10 mos ago</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>26 lbs. Valvular Disease</u>		<u>10 mos</u> <u>?</u>	

<b>19a. DATE OF OPERATION</b> <u>✓</u>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>✓</u>	<u>9049</u> <u>47</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>✓</u>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>La Monte, Pettis Mo</u>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>✓</u>	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <u>✓</u>
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22. I hereby certify that I attended the deceased from Sept 1, 1956, to Feb 6<sup>th</sup>, 1957, that I last saw the deceased alive on Feb 6<sup>th</sup>, 1957, and that death occurred at 6:00 pm., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>H. W. Groves M.D.</u>	<b>23b. ADDRESS</b> <u>Knob Noster, Mo</u>	<b>23c. DATE SIGNED</b> <u>2-9-57</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>BURIAL</u>	<b>24b. DATE</b> <u>2-7-1957</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>La Monte Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>La Monte Mo</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>2-11-57</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Lavinia Coontz, Deputy</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Paul M. Moore</u>	<b>ADDRESS</b> <u>La Monte, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48

**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 Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address St. Louis 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.