

FILED APR 2-1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11904

STATE FILE NUMBER

Registration District No. 374 Primary Registration District No. 6294 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY ~~NODAWAY~~ Worth				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Worth			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Green				c. CITY OR TOWN N. E. Of Ravenwood		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION N. E. Of Ravenwood				Length of stay in lb 4 miles		d. STREET ADDRESS Rural Route	
3. NAME OF DECEASED (Type or print) Mr. John Marion Lyle				4. DATE OF DEATH Mar 26 1957			
5. SEX male		6. COLOR OR RACE white		7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		8. DATE OF BIRTH Oct 13 1885	
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months Days Hours Min.		10. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Nodaway County, Mo.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				12. CITIZEN OF WHAT COUNTRY? U. S. A			
13. FATHER'S NAME Freemont Lyle				14. MOTHER'S MAIDEN NAME Rose B. Needles			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs. Ethel E. Lyle, Parnell, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lobar Pneumonia DUE TO (b) following Influenza DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 450X							INTERVAL BETWEEN ONSET AND DEATH 5 days
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 Month, Day, Year a. m. p. m.							
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 March 22, 1957 to March 27 and last saw him alive on MAY 26 1957 Death occurred at 4:15 p. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) H. G. Gartin D. O.				22b. ADDRESS Marionville MO			
22c. DATE SIGNED 3/27/57							
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 3/29/57		23c. NAME OF CEMETERY OR CREMATORY High Ridge		23d. LOCATION (City, town, or county) (State) Stanberry Gentry, Mo.	
24. FUNERAL DIRECTOR ADDRESS Phillips Mortuary, Stanberry Mo.				25. DATE RECD. BY LOCAL REG. 3-28-1957		26. REGISTRAR'S SIGNATURE Letta E. Dawson	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *L. A. Phillips*.....

Licensed Embalmer No. *189*

P. O. Address *St. Louis*.....

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.