

Health, Welfare, Public Service

300
1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 23 1957

STANDARD CERTIFICATE OF DEATH

32582
STATE FILE NUMBER 109

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY <i>Linn</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Linn</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Brookfield</i>		c. CITY OR TOWN <i>Brookfield</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>McLarney Hospital</i>		d. STREET ADDRESS (If outside, give location) <i>441 Peck</i>	

3. NAME OF DECEASED (Type or print) First <i>Finley</i> Middle <i>George</i> Last <i>Lyons</i>			4. DATE OF DEATH Month <i>September</i> Day <i>18</i> Year <i>1957</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>December 30, 1891</i>		9. AGE (In years last birthday) <i>65</i> IF UNDER 1 YEAR: Months <i>8</i> Days <i>18</i> IF UNDER 24 HRS. Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Painter</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Brookfield, Missouri</i>	
13. FATHER'S NAME <i>George C. Lyons</i>			14. MOTHER'S MARRIEN NAME <i>Ella Tatten</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>495-07-2737</i>		17. INFORMANT Address <i>Mrs. Lula Lyons, Brookfield, Missouri</i>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Left ventricular Failure.</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 day.</i>
DUE TO (b) <i>Pulmonary Embolism</i>		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Congestive heart failure</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i></i>	
20c. TIME OF INJURY Hour <i></i> a. m. <i></i> p. m. <i></i>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i></i>		20f. CITY, TOWN, OR LOCATION <i></i>	

21. I attended the deceased from <i>9-16-57</i> , to <i>9-18-57</i> and last saw her/him alive on <i>9-18-57</i> . Death occurred at <i>9-18-57 6:30 a.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <i>D. W. Bohner M.D.</i>	22b. ADDRESS <i>Brookfield, Mo.</i>	22c. DATE SIGNED <i>9/20/57</i>

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Sept. 21, 1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Race Hill Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Brookfield Missouri</i>
24. FUNERAL DIRECTOR ADDRESS <i>D. W. Blacklock, Brookfield, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>9-21-1955</i>	26. REGISTRAR'S SIGNATURE <i>Malton B. Crain</i>

(Licensed Embalmer's Statement on Reverse Side)

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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 *Leald I. Ward*

Licensed Embalmer No. *41*

P. O. Address *Brown*

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.