

Health,
Welfare
Public
Service

FILED FEB 11 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

719

STATE FILE NUMBER

Registration District No. 93

Primary Registration District No. 5335

Registrar's No. 58-11

300
-57

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marion Twp.		c. CITY OR TOWN Golden City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 mi. N. Golden City		d. STREET ADDRESS (If outside, give location) none	

3. NAME OF DECEASED (Type or print) CHARLES EDWIN LYONS			4. DATE OF DEATH February 5, 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 24, 1879		9. AGE (In years last birthday) 78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Weldon, Ill.	

13a. FATHER'S NAME William John Lyons		13b. MOTHER'S MAIDEN NAME Mary Emeline Drew		14. NAME OF HUSBAND OR WIFE Roberta Lyons	
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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. ---	17. INFORMANT Address Mrs. Van R. Arnold, Golden City, Mo.	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 3 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) coronary arteriosclerosis	DUE TO (c) _____	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201	

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.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____		

20d. INJURY OCCURRED WHILE AT <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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from **April 1957** to **February 1958** and last saw ~~him~~ **her** alive on **February 3, 1958**.
Death occurred at **February 5, 1958 4p** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Rudolf Kuoppa Int (Degree or title)	22b. ADDRESS Golden City, Mo	22c. DATE SIGNED 2/6/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 7, 1958	23c. NAME OF CEMETERY OR CREMATORY I. O. O. F. Cemetery	23d. LOCATION (City, town, or County) (State) Golden City, Mo.
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24. FUNERAL DIRECTOR ADDRESS Phillips Funeral Home, Golden City, Mo.	25. DATE RECD. BY LOCAL REG. 2-7-1958	26. REGISTRAR'S SIGNATURE J. C. Canada
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

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 *H. Pugh*

Licensed Embalmer No. *3278*
P. O. Address *Golden City*

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.