

Health, Welfare, Public Service

STANDARD CERTIFICATE OF DEATH

58-005686 STATE FILE NUMBER 642

FILED MAR 10 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON b. CITY OR TOWN KANSAS CITY c. FULL NAME OF HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON

3. NAME OF DECEASED First Middle Last MAY H. LYONS 4. DATE OF DEATH FEBRUARY 5 1958

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED NEVER MARRIED MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH OCT. 10, 1895 9. AGE (In years last birthday) 62

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED TEACHER 10b. KIND OF BUSINESS OR INDUSTRY K.C. Public Schools 11. BIRTHPLACE (City and state or country) KANSAS CITY, MISSOURI 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Patrick Francis Lyons 13b. MOTHER'S MAIDEN NAME MARGARET Gilchrist 14. NAME OF HUSBAND OR WIFE

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. 495-42-7922 17. INFORMANT THOMAS LEO LYONS, SR. Address 914 EAST 29TH STREET KANSAS CITY MISSOURI

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatous Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Adenocarcinoma of Breast DUE TO (c) 19. WAS AUTOPSY PERFORMED? YES NO

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 AT 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 3/5/56 to 2/5/58 and last saw her alive on 2/5/58 Death occurred at 7:10 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Richard L. Lehner, M.D. 22b. ADDRESS 1103 Grand Kansas City, Mo. 22c. DATE SIGNED 2/6/58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE FEB. 8. 1958 23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY KANSAS CITY, MISSOURI 23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS, KANSAS CITY, MO. ADDRESS 1103 GRAND KANSAS CITY, MO. 25. DATE RECD. BY LOCAL REG. 2-7-58 26. REGISTRAR'S SIGNATURE neva Minshall

Richard L. Lehner USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION All diseases in Part I must be causally related.



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 *James W. Lawson*

Licensed Embalmer No. 4889

P. O. Address *A. C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.