

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014306
State File No.

FILED APR 23 1958

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1800

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI		b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give town) KANSAS CITY		c. LENGTH OF STAY (in this place township) 55 yrs		c. CITY OR TOWN KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION QUEEN OF THE WORLD HOSPITAL		e. STREET ADDRESS (If rural, give location) 4239 MERCIER			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle) H.		c. (Last) LYONS	
4. DATE OF DEATH (Month) (Day) (Year) APRIL 6, 1958		5. SEX MALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER		8. DATE OF BIRTH Aug. 28, 1876		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min. 81	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10b. KIND OF BUSINESS OR INDUSTRY Sante Fe. R. R.		11. BIRTHPLACE (City and State or Foreign Country) Ontario, Canada	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME John Lyons		13b. MOTHER'S MAIDEN NAME Mary McCarthy	
14. NAME OF HUSBAND OR WIFE Catherine Lyons		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. 710-01-5640	
17. INFORMANT'S SIGNATURE OR NAME A MARY LYONS,		ADDRESS 4239 MERCIER KANSAS CITY, MO.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Staphylococcal pneumonia		INTERVAL BETWEEN ONSET AND DEATH 19 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Chronic pulmonary fibrosis		many years	
DUE TO (c) Arteriosclerotic heart disease		Years			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION —		20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) —	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) —		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? —	
22. I hereby certify that I attended the deceased from <u>MARCH 20, 19 58</u> , to <u>APRIL 6, 19 58</u> , that I last saw the deceased alive on <u>APRIL 6, 19 58</u> , and that death occurred at <u>1:15A m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE Helen Starke		(Degree or title) M.D.		23b. ADDRESS 3210 E 23 St. Kansas City, Mo	
23c. DATE SIGNED 4-7-58		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-9-58	
24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.			
DATE REC'D BY LOCAL REG. 4-8-58		REGISTRAR'S SIGNATURE new Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar Funeral ; Home	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Helen Starke

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 *Arthur Eugene Voss*.....

Licensed Embalmer No. *491*.....

P. O. Address *K.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.