

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-019136  
State File No.

FILED MAY 19 1958 REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 134

0742

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

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <b>Missouri</b> b. COUNTY <b>Nodaway</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Maryville</b>		c. LENGTH OF STAY (in this place) <b>11 days</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>		c. CITY OR TOWN <b>Maryville</b> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <b>716 South Buchanan</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>CLARA</b>		b. (Middle) <b>LYLE</b>	
c. (Last) <b>LYLE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>5 12 58</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>6/27/64</b>
9. AGE (In years last birthday) <b>93</b>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Perry, Illinois</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Jonathan Cryder</b>		13b. MOTHER'S MAIDEN NAME <b>Harriett Downs</b>	
14. NAME OF HUSBAND OR WIFE <b>Humphrey Lyle, dec.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Chester Lyle, Maryville, Mo.</b>		ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Systolic bronchial pneumonia - 24 hrs</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>arteriosclerosis general + cerebral?</b> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Severely</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <b>334 X</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) (Minute)		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 <b>May 10, 1958</b> , to <b>May 12, 1958</b> , that I last saw the deceased alive on <b>May 12, 1958</b> , and that death occurred at <b>10:30A</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>B. F. Blauf O</b> (Degree or title) <b>M. D.</b>		23b. ADDRESS <b>Maryville, Missouri</b>	
23c. DATE SIGNED <b>5/13/58</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>5/14/58</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Graham</b>		24d. LOCATION (City, town, or county) (State) <b>Maryville, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>5-17-58</b>		REGISTRAR'S SIGNATURE <b>Bess Holt</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Price Funeral Home, Maryville, Mo.</b>		ADDRESS	

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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 *Curtis E. Kenisley*.....

Licensed Embalmer No. *1197*.....

P. O. Address *Marionville*.....

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.