

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031441

STATE FILE NUMBER

FILED SEP 2 1958 Registration District No. 325 Primary Registration District No. 6095 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY SCHUYLER				2. USUAL RESIDENCE (Where deceased lived. If institutions: Residence before admission) a. STATE MISSOURI b. COUNTY SCHUYLER					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FABIUS TOWNSHIP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Downing		0980 0 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b 15 years		d. STREET ADDRESS (If outside, give location) RURAL		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First LILLIE Middle FEE Last LYONS				4. DATE OF DEATH Month Aug Day 14 Year 1958					
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH JUNE 8-1882		9. AGE (In years last birthday) 76 # UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) SCHUYLER CO. MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME ALONZO KRATZER				14. MOTHER'S MAIDEN NAME LYDIA GRISMAN					
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. NONE		17. INFORMANT Leonard Lyons Address Downing Mo				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of Liver							INTERVAL BETWEEN ONSET AND DEATH 2 wks		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____		DUE TO (c) _____		1561			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		
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 _____ 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		CITY		STATE	
21. I attended the deceased from 1 July 58 to 14 Aug 58 and last saw her alive on 14 Aug 58 . Death occurred at 3-P m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Charles D. Denton M.D.				22b. ADDRESS Blountfield Iowa				22c. DATE SIGNED 15 Aug 58	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE Aug 16-1958		23c. NAME OF CEMETERY OR CREMATORY PLEASANT GROVE CEMETERY		23d. LOCATION (City, town, or county) (State) Schuyler County Missouri			
24. FUNERAL DIRECTOR W. W. Hoagland, Iowa				25. DATE RECD. BY LOCAL REG. 15th Aug 58		26. REGISTRAR'S SIGNATURE W. R. Drake			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, & Welfare Public Service
901
300
1-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All

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 *Robert W. [Signature]*.....

Licensed Embalmer No. *355*

P. O. Address *Brounfield*

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.