

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034468

STATE FILE NUMBER

9124

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only)
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION
Length of stay in lb
d. STREET ADDRESS (If outside, give location)
Reside on Farm

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3. NAME OF DECEASED First Middle Last
Lillie Lyons
4. DATE OF DEATH Month Day Year
Sept. 20, 1958

5. SEX Female 3
6. COLOR OR RACE Negro
7. MARRIED X NEVER MARRIED
WIDOWED DIVORCED
8. DATE OF BIRTH Nov. 25, 1882 75
9. AGE (In years last birthday) F UNDER 1 YEAR IF UNDER 24 HRS. 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 None
11. BIRTHPLACE (City and state or country) Tupelo, Mississippi
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Richard Preston
13b. MOTHER'S MAIDEN NAME Lindy Walker
14. NAME OF HUSBAND OR WIFE Henry Lyons

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 Address Thomas Lyons 749 Bayard Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic heart disease
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LOST. DUE TO (b) DUE TO (c) 4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
INTERVAL BETWEEN ONSET AND DEATH 1 year
19. WAS AUTOPSY PERFORMED? YES NO X

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 NOT WHILE AT WORK
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 9-1-58 9-20-58
20f. CITY, TOWN, OR LOCATION COUNTY STATE 9-20-58

21. I attended the deceased from Sept 1, 1958 to Sept 20, 58 and last saw her alive on Sept 20, 1958
Death occurred at J. A. H. 2 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Edward B. Williams (Degree or title) M.D.
22b. ADDRESS 2801 No. Taylor St. Louis, Mo. 9-22-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 9/25/58
23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

24. FUNERAL DIRECTOR ADDRESS G. Wade Granberry 4202 Finney Ave.
25. DATE RECD. BY LOCAL REG. SEP 22 '58
26. REGISTRAR'S SIGNATURE J. Carl Smith M.D. m&b

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 *Edward A. Flynn*

Licensed Embalmer No. **4444**

P. O. Address **4202 Finney Av**

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.