

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035551
STATE FILE NUMBER

FILED NOV 3 1958

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1136

300
1-57
2

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN Atlanta	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #2		d. STREET ADDRESS (If outside, give location) 0618	
Length of stay in lb 36yrs.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First HENRY Middle Last LYDA			4. DATE OF DEATH Month Oct. Day 14, Year 1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH (about) 76		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Atlanta, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME William Lyda		13b. MOTHER'S MAIDEN NAME Polly (unknown)		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or no, unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Records, State Hospital #2, St. Joseph		
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hour
DUE TO (b) Arteriosclerotic heart disease			
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)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 Month, Day, Year 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	COUNTY	STATE
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21. I attended the deceased from **Jan, 1958** to **Oct. 14, 1958** and last saw her alive on **Oct. 13, 1958**
Death occurred at **3:15 a** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M. Hammad Tahir M.D.	22b. ADDRESS State Hospital #2, St. Joseph, Mo	22c. DATE SIGNED Oct. 28, 1958
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Oct. -16-58	23c. NAME OF CEMETERY OR CREMATORY MT. TABOR	23d. LOCATION (City, town, or county) (State) ATLANTA - MO.
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24. FUNERAL DIRECTOR Theo H. Goodding - ATLANTA MO	25. DATE RECD. BY LOCAL REG. Oct. 28, 1958	26. REGISTRAR'S SIGNATURE Mrs. Clara Howell
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
Dr. Mohamad Tahir

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Theo H. Gooding*

Licensed Embalmer No. *3982*

P. O. Address *Atlanta, 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.