t. Health,
, & Welfare
5. Public
th Service

S. 300
. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-036485
STATE FILE NUMBER

FILED OCT 29 1958 Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 4843

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): KANSAS City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): ST. JOSEPH HOSP. — Length of stay in Ib: 20 YEARS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON,
c. CITY OR TOWN: KANSAS City — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 720 WEST 48TH ST. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: JAMES Middle: GLEN Last: LYON

4. DATE OF DEATH: Month: October Day: 11 Year: 1958

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: SEPT. 27, ~~1889~~ 1899

9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SERVICE MANAGER

10b. KIND OF BUSINESS OR INDUSTRY: Band Banks, Butler Mfg.

11. BIRTHPLACE (City and state or country): OSCEOLA, MISSOURI

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: SAMUEL LYON

13b. MOTHER'S MAIDEN NAME: ETTIE ANDREWS

14. NAME OF ~~HUSBAND OR~~ WIFE: Gladys M. LYON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 487-01-9759

17. INFORMANT: MRS Gladys M. LYON — Address: 720 W. 48th St. KANSAS City, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Lymphosarcoma — INTERVAL BETWEEN ONSET AND DEATH: 4 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
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 [ ] 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 a.m. p.m. Month, Day, Year

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 1, 1958, to Oct. 11, 1958 and last saw him alive on Oct. 11, 1958
Death occurred at 6:40 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Albert I. Decker (Degree or title): MD

22b. ADDRESS: Kansas City, Mo.

22c. DATE SIGNED: 10/13/58

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: OCT-14-1958

23c. NAME OF CEMETERY ~~OR CREMATORY~~: FLORAL HILLS CEM.

23d. LOCATION (City, town, or county): KANSAS CITY (State): Mo.

24. FUNERAL DIRECTOR: D. W. NEWCOMER'S SONS — ADDRESS: 1331 BRUSH CREEK KANSAS City, Mo.

25. DATE RECD. BY LOCAL REG.: 10-14-58

26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Use only standard nomenclature in item 18. No symptoms will be listed.

Albert I. Decker

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 Norman W. Thomas

Licensed Embalmer No. 4889

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.