

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036486

STATE FILE NUMBER

4821

FILED OCT 29 1958

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 4821

S. 300
1-57

All diseases in Part I must be causally related. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION TRINITY LUTHERAN		Length of stay in lb 47 YRS.	d. STREET ADDRESS (If outside, give location) 1129 OAKLEY
3. NAME OF DECEASED (Type or print) First Middle Last ROBERTA ESTELLE LYONS			4. DATE OF DEATH Month Day Year OCTOBER 12, 1958
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEB. 2, 1894
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		9b. KIND OF BUSINESS OR INDUSTRY AT HOME	9. AGE (In years last birthday) 64 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) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and state or country) RENICK, MISSOURI
13a. FATHER'S NAME DAVID A. TRUBY		13b. MOTHER'S MAIDEN NAME ELIZABETH ANN GRIFFITH	12. CITIZEN OF WHAT COUNTRY? U.S.A.
14. NAME OF HUSBAND OR WIFE JESSE B. 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. 491-20-3689
17. INFORMANT MR. J. B. LYONS - 1129 OAKLEY - K.C., 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) <u>Diabetes Mellitus</u> 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH	
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.) LCPX	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <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	
21. I attended the deceased from <u>1949</u> to <u>12-1958</u> and last saw her ^{him} alive on <u>Oct 11th</u> 1958 Death occurred at <u>Trinity Lutheran Hosp.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Paul A. G. Johnson M.D.		22b. ADDRESS 5111 Lundy Ave K.C. Mo	
22c. DATE SIGNED Oct 13 '58		23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
23b. DATE OCT. 14, 1958		23c. NAME OF CEMETERY OR CREMATORY OAKLAND CEMETERY	
23d. LOCATION (City, town, or country) MOBERLY, MISSOURI		23e. (State)	
24. FUNERAL DIRECTOR C.H. Blackman & Son Inc. K.C. Mo.		25. DATE RECD. BY LOCAL REG. 10-13-58	
26. REGISTRAR'S SIGNATURE Neva Marshall			



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 *W.C. Purine*

Licensed Embalmer No. *4879*

P. O. Address *N.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.