

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045037
STATE FILE NUMBER

FILED JAN 5 1959 Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 261

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Nodaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) Maryville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Maryville 0742 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) St. Francis Hosp		Length of stay in lb 12 hrs	d. STREET ADDRESS (If outside, give location) 621 N Buchanan Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Harry Middle H Last LYLE			4. DATE OF DEATH Month 12 Day 27 Year 1958		
--	--	--	--	--	--

5. SEX male	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 10-9-1885	9. AGE (In years last birthday) 73	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) ret. Clothier	10b. KIND OF BUSINESS OR INDUSTRY Clothing Bus.	11. BIRTHPLACE (City and state or country) Granham Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	---	---	---

13a. FATHER'S NAME Robert Lyle	13b. MOTHER'S MAIDEN NAME Mary Ruel Olson	14. NAME OF HUSBAND OR WIFE Mrs Mabel Lyle
--	---	--

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. unknown	17. INFORMANT Mrs Mabel Lyle, Maryville Mo. Address _____
---	---	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Septicemia with aureus. DUE TO (b) Rheumatic heart disease DUE TO (c) + right. pleural effusion		INTERVAL BETWEEN ONSET AND DEATH 3 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Coronary occlusion pulmonary + cerebral emboli August 1957		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.) 416X
---	---

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 Maryville	COUNTY Mo	STATE
---	--	--	--	---------------------	-------

21. I attended the deceased from 12:00 58 to 12:27 58 and last saw her alive on 12/26/58 Death occurred at _____ a.m. on the date stated above; and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE J. C. Bauman M.D. (Degree or title)	22b. ADDRESS 127 S. Main Maryville, Mo.	22c. DATE SIGNED 12/27/58
---	---	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/30/1958	23c. NAME OF CEMETERY OR CREMATORY Mission Cem.	23d. LOCATION (City, town, or county) (State) Maryville Mo
--	--------------------------------	---	--

24. FUNERAL DIRECTOR W. H. Matchie ADDRESS Maryville	25. DATE RECD. BY LOCAL REG. 12-30 58	26. REGISTRAR'S SIGNATURE Bess Holt
--	---	---

(L) _____
Embalmer's Statement on Reverse Side

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *G M Ahrens*

Licensed Embalmer No. *2279*
P. O. Address *Marysville*

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.