Health, Welfare Public Service

FILED FEB 27 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-005708
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 805

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewellen Nursing Home 623 Euclid — Length of stay in 1b 13 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 ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2205 Holmes — Reside on Farm Yes ☐ No ☒

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

4. DATE OF DEATH Month February Day 11 Year 1959

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH Sept 19 1866
9. AGE (In years last birthday) 92 — 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) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (City and state or country) Ireland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Lyons
13b. MOTHER'S MAIDEN NAME Jane Long
14. NAME OF HUSBAND OR WIFE Mary Jane Lyons

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. None
17. INFORMANT Thomas Hessenflow Address 2716 Gillham Road

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) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 4 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerosis — 4 years
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 ☒

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 9-1-58, to 2-11-59 and last saw her/him alive on 2-11-59
Death occurred at 4:45 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank Paul Laurenzana (Degree or title) MD
22b. ADDRESS 428 S. White ave
22c. DATE SIGNED 2-11-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Feb. 14, 1959
23c. NAME OF CEMETERY OR CREMATORY Olathe Cemetery
23d. LOCATION (City, town, or county) (State) Olathe Kansas

24. FUNERAL DIRECTOR Hilke Funeral Home ADDRESS 2315 Linwood
25. DATE REC'D. BY LOCAL REG. 2-12-59
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.

Frank Paul Laurenzana

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 Chas E. Wicks

Licensed Embalmer No. 2644

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.