

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009525
STATE FILE NUMBER
1487

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1487

7 FEB APR 8 1959
PLACE OF DEATH

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		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran Hosp.		d. STREET ADDRESS (If outside, give location) 10 East 34th. St.	
Length of stay in lb 30 Yrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Rex Middle D. Last Lyon			4. DATE OF DEATH Month March Day 21 Year 1959		
---	--	--	---	--	--

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 Feb. 8, 1907	9. AGE (In years and birthday) 52	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
-----------------------	----------------------------------	---	---	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switchman	10b. KIND OF BUSINESS OR INDUSTRY K. C. Terminal R. R.	11. BIRTHPLACE (City and state or country) Auburn, Washington	12. CITIZEN OF WHAT COUNTRY? USA
---	--	---	--

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Vera Lyon
--------------------------------------	---	---

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. None	17. INFORMANT Vera Lyon Address 10 East 34th. St. 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) Carcinomatous of liver		INTERVAL BETWEEN ONSET AND DEATH prior to 2/6/59
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Primary to be determined at autopsy	
	DUE TO (c) Primary in nephrosis	
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 checked="" type="checkbox"/> NO <input 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.) 150 ft
---	---

20c. TIME OF INJURY Hour 5:00 A.M. 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 Kansas City, Mo	COUNTY Mo	STATE
--	--	--	--	---------------------	-------

21. I attended the deceased from 2/6/59 to 3/21/59 and last saw her alive on 3/20/59 Death occurred at 5:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) R.R. Becker M.D.	22b. ADDRESS 4000 Baltimore Kansas City Mo	22c. DATE SIGNED 3/21/59

23a. BURIAL, CREMATION, REPOY (Specify) Burial	23b. DATE 3/23/59	23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
--	-----------------------------	---	---

24. FUNERAL DIRECTOR Earp & Sons ADDRESS 4707 Truman Road K.C., Mo.	25. DATE RECD. BY LOCAL REG. 3-21-59	26. REGISTRAR'S SIGNATURE Neva Marshall
--	--	---

All diseases in Part I must be causally related.
 R.R. Becker M.D. • USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

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 *James W. Corp*
Licensed Embalmer No. *4627*
P. O. Address *R.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.