

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016957
STATE FILE NUMBER

FILED MAY 19 1959 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 136

300
1-57

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Callaway | | 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before a. STATE Missouri b. COUNTY Callaway) | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton | | c. CITY OR TOWN Fulton | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Callaway Hospital | | d. STREET ADDRESS (If outside, give location) 201 St. Louis Ave | |
| Length of stay in lb 8 Days | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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|---|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or print) First Duane Middle Evans Last Lyon | | | 4. DATE OF DEATH Month May Day 11 Year 1959 | | |
|---|--|--|---|--|--|

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|-----------------------|----------------------------------|---|--|--|--|--|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH July 19, 1885 | 9. AGE (In years last birthday) 73 | IF UNDER 1 YEAR Months 0 Days 0 | IF UNDER 24 HRS. Hours 0 Min. 0 |
|-----------------------|----------------------------------|---|--|--|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life) Free Lance Artist | 10b. KIND OF BUSINESS OR INDUSTRY Same | 11. BIRTHPLACE (City and state or country) Columbia, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Alexander R. Lyon | 13b. MOTHER'S MAIDEN NAME Ida Grant Evans | 14. NAME OF HUSBAND OR WIFE None |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or pending) World War #1 | 16. SOCIAL SECURITY NO. 098-09-7855W | 17. INFORMANT W. C. Maughs | Address Fulton, Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Pancreas | | INTERVAL BETWEEN ONSET AND DEATH + 7 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) 157X | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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.) | |
| 20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____ | | |

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|--|--|--|---------------------------|--------------------|
| 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 Fulton, Mo. | COUNTY Callaway | STATE Mo |
|--|--|--|---------------------------|--------------------|

21. I attended the deceased from **October 1958**, to **May 11, 1959** and last saw ^{her} him alive on **May 6, 1959**
Death occurred at **4:00 P.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

| | | | |
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| 22a. SIGNATURE Henry Duntz M.D. | (Degree or title) 0 | 22b. ADDRESS Fulton, Mo. | 22c. DATE SIGNED 5/11/59 |
|---|----------------------------|------------------------------------|------------------------------------|

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|--|----------------------------------|---|--|----------------------|
| 23a. BURIAL, CREMATION, REPOSS. (Specify) Burial | 23b. DATE May 13, 1959 | 23c. NAME OF CEMETERY OR CREMATORY City Columbia Cem. | 23d. LOCATION (City, town, or county) Columbia | (State) Mo |
|--|----------------------------------|---|--|----------------------|

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| 24. FUNERAL DIRECTOR Parker Funeral Service, Columbia, Mo | ADDRESS | 25. DATE RECD. BY LOCAL REG. May 13-1959 | 26. REGISTRAR'S SIGNATURE Maretta Lawrence |
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MAY 20 1959

MAY 21 1959

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 *Douglas J. Gorman*
Licensed Embalmer No. *5037*
P. O. Address. *Columbia, 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.