

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-022263

FILED JUL 9 1959 38

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STATE FILE NUMBER

INDEXED X

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>New Madrid</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>New Madrid</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Big Prairie</b>		c. CITY OR TOWN <b>New Madrid</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>733 Digges</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Clarence</b> Middle <b>Offlice</b> Last <b>Lyons</b>			4. DATE OF DEATH Month <b>June</b> Day <b>27</b> Year <b>59</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/13/1926</b>	9. AGE (last birthday) <b>33</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Piolet River Boat</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-- --</b>		11. BIRTHPLACE (City and state or country) <b>Sherril Ark.</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
13a. FATHER'S NAME <b>W. C. Lyons</b>		13b. MOTHER'S MAIDEN NAME <b>Kasie Boss</b>		14. NAME OF HUSBAND OR WIFE <b>Norma Lyons</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>11 World War</b>			16. SOCIAL SECURITY NO. <b>488-20-3755</b>		17. INFORMANT Address <b>Norma Lyons 733 Digges New Madrid, Mo.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Run off road in car, hit colvert Causing Fractured skull above right eye and on top of head crushed chest and broken right leg.</b>		
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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>Car run into ditch</b>
20c. TIME OF INJURY Hour <b>2:30 p.m.</b> Month, Day, Year <b>6/27/59</b>		<b>c 72</b>
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway</b>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Near Canalou New Madrid Mo.</b>

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Gay Hedgworth Coroner</b>		22b. ADDRESS <b>New Madrid, Mo.</b>	22c. DATE SIGNED <b>6/29/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6/29/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mounds Park</b>	23d. LOCATION (City, town, or county) (State) <b>Near New Madrid, Mo.</b>

24. FUNERAL DIRECTOR <b>Richards Undertaking Co.</b>	ADDRESS <b>New Madrid, Mo.</b>	DATE RECD. BY LOCAL REG. <b>6/30/59</b>	26. REGISTRAR'S SIGNATURE <b>Gay Hedgworth</b>
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DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

6961 6 1959

SEP 4 1959

VS  
MAY 17 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Ed Hedges*

Licensed Embalmer No. 3803

P. O. Address New York

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.