URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 10 1959

59-040201

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5808

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b: About 70 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jackson
c. CITY OR TOWN Kansas City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1018 Vine
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Alfred; Middle; Last Lyons
4. DATE OF DEATH: Month 11; Day 29; Year 59
5. SEX: Male
6. COLOR OR RACE: Negro
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-25-83
9. AGE (last birthday): 76
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): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Crooks Transfer
11. BIRTHPLACE (City and state or country): Fulton, Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Wesley Lyons (d)
13b. MOTHER'S MAIDEN NAME: Fannie ? (d)
14. NAME OF HUSBAND OR WIFE: Annette 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.: 487-03-5891
17. INFORMANT: Mrs. Annette Lyons Address: 1018 Vine

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) Broncho- Pnuemonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
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. ☐ Yes ☐ No ☐ Unknown
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 11-27-1959 to 11-29-1959 and last saw him alive on 11-29-1959
Death occurred at 3:20 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE H L Dwyer (Degree or title) M.D.
22b. ADDRESS 2400 Cherry, City
22c. DATE SIGNED 11-29-59

BY AFFIDAVIT OF: L. Dwyer

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12/5/59
23c. NAME OF CEMETERY OR CREMATORY: Blue Ridge Lawn Cem.
23d. LOCATION (City, town, or county) (State): Kansas City, Mo.
24. FUNERAL DIRECTOR: E. Sterling Bills ADDRESS: 1212 Vine
25. DATE RECD. BY LOCAL REG.: 12-2-59
26. REGISTRAR'S SIGNATURE: Mina Minshall

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed E. Sterling B

Signature of Student Embalmer

Licensed Embalmer No. 3178

P. O. Address 1212 Vine St., Ka

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