

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000177

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED **F**

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 9

STATE FILE NUMBER

**FILED JAN 22 1963**

VS 300  
Rev. 4/59

6071  
2071

3

4 1

5 2

6

7 0

8 2

9 260X

10

11

12 1-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY: <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: <b>Missouri</b> b. COUNTY: <b>Bates</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: <b>Butler</b>		c. CITY OR TOWN: <b>Butler</b>	
Length of stay in: <b>life</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: <b>Bates Co. Memorial Hosp</b>		d. STREET ADDRESS (If outside, give location): <b>308 N. Maple</b>	
3. NAME OF DECEASED (Type or print) First: <b>Nellie</b> Middle: <b>---</b> Last: <b>Lyon</b>		4. DATE OF DEATH Month: <b>Jan.</b> Day: <b>10,</b> Year: <b>1963</b>	
5. SEX: <b>Female</b>	6. COLOR OR RACE: <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH: <b>10-29-1884</b>
9. AGE (last birthday): <b>78</b>		IF UNDER 1 YEAR: Months: <b>2</b> Days: <b>16</b>	IF UNDER 24 HR: Hours: <b>---</b> Min: <b>---</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY: <b>Home</b>	11. BIRTHPLACE (City and state or country): <b>Bates Co., Mo.</b>
12. CITIZEN OF WHAT COUNTRY: <b>U.S.A.</b>		13a. FATHER'S NAME: <b>Milo Wilcox</b>	
13b. MOTHER'S MAIDEN NAME: <b>Mary Ashley</b>		14. NAME OF HUSBAND OR WIFE: <b>C.A. Lyon</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates): <b>No</b>		16. SOCIAL SECURITY NO.: <b>[REDACTED]</b>	
17. INFORMANT: <b>Elode Brownsberger</b>		Address: <b>R.F.D. 4 Butler, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause of death) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Generalized Bronchitis</b> <b>Pneumonia - Diabetes Mellitus</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: <b>Cardio-vascular lesion</b> DUE TO (b) <b>20 yrs.</b> DUE TO (c) <b>4 yrs.</b>			INTERVAL BETWEEN ONSET AND DEATH: <b>7 days</b>
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)	
20c. TIME OF INJURY: Hour: <b>---</b> a.m.: <b>---</b> p.m.	Month: <b>---</b> Day: <b>---</b> Year: <b>---</b>		
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.): <b>---</b>	20f. CITY, TOWN, OR LOCATION: <b>Butler, Mo.</b>	COUNTY: <b>---</b> STATE: <b>---</b>
21. I attended the deceased from <b>Jan 5, 1963</b> to <b>Jan 10, 1963</b> and last saw her alive on <b>Jan 9, 1963</b> . Death occurred at <b>8:00 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE: <b>Carter W. Luter, MD</b>		22b. ADDRESS: <b>Butler, Mo</b>	22c. DATE SIGNED: <b>1-10-63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify): <b>Burial</b>	23b. DATE: <b>1-12-1963</b>	23c. NAME OF CEMETERY OR CREMATORY: <b>Oakhill Cemetery</b>	23d. LOCATION (City, town, or county) (State): <b>Butler, Mo.</b>
24. FUNERAL DIRECTOR: <b>Culver-Underwood</b>		ADDRESS: <b>Butler, Mo.</b>	25. DATE RECD. BY LOCAL REG.: <b>1-11-63</b>
		26. REGISTRAR'S SIGNATURE: <b>Norma Jean Wilson</b>	

USE BLACK INK OR TYPEWRITER RIBBON

**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 Robert E. Steinfeld

Licensed Embalmer No. 4651

P. O. Address Butte, 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.