

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22811**

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>46</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u>			
b. CITY OR TOWN <u>Clinton</u>		c. LENGTH OF STAY (in this place) <u>6 Mo.</u>		c. CITY OR TOWN <u>Clinton</u>		d. STREET ADDRESS (If rural, give location) <u>901 N. Second St. 422</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Moore's Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>901 N. Second St. 422</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SAMUEL M.</u> b. (Middle) <u>LYON</u> c. (Last) <u>LYON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 16, 1954</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 5, 1869</u>	
9. AGE (In years last birthday) <u>84</u>		10. MONTHS <u>8</u>		11. DAYS <u>11</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Retired R. Wayman</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Ohio</u>	
13a. FATHER'S NAME <u>Kester O. Lyon</u>		13b. MOTHER'S MAIDEN NAME <u>Powell</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Kester O. Lyon 5137 Main Clinton Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES DUE TO (b) <u>Chronic cardio-renal disease</u> DUE TO (c) <u>Degenerated atherosclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> <u>1 year</u> <u>Next</u> <u>2 years</u>
19a. DATE OF OPERATION <u>No</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>442 X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Dec 9, 1949</u> , to <u>July 16, 1954</u> , that I last saw the deceased alive on <u>June 17, 1954</u> , and that death occurred at <u>1304 m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>S. B. Hughes M.D.</u>				23b. ADDRESS <u>Clinton Mo.</u>		23c. DATE SIGNED <u>7/17/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 17, 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Luther Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Luther, Mo.</u>	
DATE RECD BY LOCAL REG. <u>July 17-54</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>		422		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>H. S. Wissant Clinton Mo</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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
Student Embalmer

Signed *H. J. Varsant*

Licensed Embalmer No. *3779*

P. O. Address *Clinton, 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 this body is not embalmed, fact should be so stated above.