

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28630

State File No.

FILED SEP 8 1954

BIRTH NO. REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3057 Registrar's No. 78

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| 1. PLACE OF DEATH a. COUNTY <u>Ray</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond</u> | | c. CITY OR TOWN <u>Richmond</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>89 years</u> | | e. STREET ADDRESS (If rural, give location) <u>Pike & Maple Street</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike & Maple Street</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) <u>WALTER</u> | a. (First) | b. (Middle) <u>(N)</u> | c. (Last) <u>LYLE</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>August 26, 1954</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>June 3, 1865</u> | 9. AGE (In years last birthday) <u>89</u> | IF UNDER 1 YEAR Months <u>3</u> | IF UNDER 24 HRS. Days <u>23</u> | IF UNDER 1 HOUR Hours <u></u> | IF UNDER 1 MIN. Min. <u></u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Coal mining</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Richmond, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
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| 13a. FATHER'S NAME <u>Robert Lyle</u> | 13b. MOTHER'S MAIDEN NAME <u>Sarah (Widowed) Emma Patton Lyle</u> | 14. NAME OF HUSBAND OR WIFE <u>Walter Lyle</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Walter Lyle, Richmond, Mo</u> | ADDRESS <u></u> |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart disease Coronary thrombosis</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> | | |
| | DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>1/201</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Richmond, Missouri</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from 6-3, 1954, to 8-26, 1954, that I last saw the deceased alive on 8-6-54 1954, and that death occurred at 5:30 a.m. from the causes and on the date stated above.

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| 23a. SIGNATURE <u>W. K. Ravault, M.D.</u> (Degree or title) | 23b. ADDRESS <u>Richmond, Mo</u> | 23c. DATE SIGNED <u>8-30-54</u> |
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| 24a. DEPTH OF CREMATION REMOVAL (Specify) <u>Normal</u> | 24b. DATE <u>Aug 29, 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Sunny Slope</u> | 24d. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>Sept 1-1954</u> | REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Quest. like funeral home</u> | ADDRESS <u>Richmond, Missouri</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

Wed. Sept 1.

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 

Licensed Embalmer No. 4066

P. O. Address Richmond

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.