

MISSOURI DIVISION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

Registration District No. **38**

Primary Registration District No. **3006**

Registrar's No. **290**

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

**1. PLACE OF DEATH:**  
 (a) County **Boone**  
 (b) City or town **Columbia**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**502 Broadway 3**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community **Lifetime** years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Boone**  
 (c) City or town **Columbia**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **107 S. 6th St.**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **FRANK MITCHELL LYNES**  
 3. (b) If veteran, name war **None** 3. (c) Social Security No. **490-07-1968**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **Nov.** day **11**  
 year **1948** hour **Unknown** minute \_\_\_\_\_ M.

4. Sex **Male** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Divorced**  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **12 - 1 - 1900**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_,  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>47</b>	<b>11</b>	<b>10</b>	hr. _____ min. _____

Immediate cause of death **Sunshot wound**  
 Due to **Self inflicted**

9. Birthplace **Boone County Missouri**  
(City, town, or county) (State or foreign country)  
 10. Usual occupation **Automobile Mechanic**

Due to \_\_\_\_\_  
 Other conditions **164C**  
(Include pregnancy within 3 months of death)

**MOTHER, FATHER**  
 11. Industry or business \_\_\_\_\_  
 12. Name **Mord Lynes**  
 13. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Laura Mitchell**  
 15. Birthplace **Boone County Missouri**  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

16. (a) Informant **Mrs. Bryan Mitchell**  
 (b) Address **Columbia, Mo.**  
 17. (a) **Burial** (b) Date thereof **11-14-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Olivet Cemetery**

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) **Suicide**  
 (b) Date of occurrence **Nov 11-1948**  
 (c) Where did injury occur? **Columbia Boone Mo**  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director **Parker Funeral Service**  
 (b) Address **Columbia, Mo.**  
 19. (a) **11-13-48** (b) **Mrs. R.E. Palmer**  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury **Coroner 3**  
 23. Signature **E. Ward**  
(M.D. or OTHER)  
 Address **Columbia, Mo.** Date signed **11/14/48**

RECEIVED  
District Health Officer No. 9  
District File Number  
Date Filed NOV 18 1948

MAY 5 1949

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed M. V. Whitfield  
Licensed Embalmer No. 3893  
P. O. Address Columbia 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.**