

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29759

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 78 PRIMARY REG. DIST. NO. 4165 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <b>Daviess</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Daviess</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Gallatin</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Monroe Township</b>	
c. LENGTH OF STAY (in this place) <b>1 Day</b>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Adams Nursing Home</b>		d. STREET ADDRESS (If rural, give location) <b>6 Miles South Gallatin, Mo.</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Sarah</b>	b. (Middle) <b>Caroline</b>	c. (Last) <b>Lynch</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 4 1949</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 25 1867</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months <b>2</b>	IF UNDER 1 YEAR Days <b>9</b>	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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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>Own Home</b>	11. BIRTHPLACE (State or foreign country) <b>11</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Miles Bristow</b>	13b. MOTHER'S MAIDEN NAME <b>(Unknown) Lloyd</b>	14. NAME OF HUSBAND OR WIFE <b>Wm. Thomas Lynch</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Edgar Lynch, Hamilton, Missouri</b>	ADDRESS
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>4.5:00</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> - NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 Sept 1, 1949 to Sept 2, 1949 that I last saw the deceased alive on Sept 2, 1949, and that death occurred at 6:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Deceased or title) <b>Edgar Lynch</b>	23b. ADDRESS <b>Hamilton, Missouri</b>	23c. DATE SIGNED <b>Sept 10, 1949</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-6-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Highland Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Hamilton, Missouri</b>
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DATE RECD BY LOCAL REG. <b>10 Sept. 1949</b>	REGISTRAR'S SIGNATURE <b>Virginia M Englebert</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Edgar Lynch</b>	ADDRESS <b>Hamilton, Missouri</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3100



**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 L. O. Richerson  
.....

Licensed Embalmer No. 3307

P. O. Address Fallston, 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.**