

No. 300
10-48

FILED SEP 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30909

54

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

BIRTH NO. _____		REG. DIST. NO. <u>171</u>		PRIMARY REG. DIST. NO. <u>5637</u>		Registrar's No. <u>4</u>		
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Clay Twms.</u>		c. LENGTH OF STAY (If this place) <u>2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Clay Twms.</u>		54		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>9 Mi. SW of Odessa</u>				d. STREET ADDRESS (If rural, give location) <u>9 Mi. SW of Odessa</u>				
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Dorothy</u>		b. (Middle) <u>D.</u>		c. (Last) <u>Lynn</u>		
4. DATE OF DEATH		(Month) <u>June</u>		(Day) <u>2,</u>		(Year) <u>1949</u>		
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Mar. 3, 1915</u>	9. AGE (In years last birthday) <u>34</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Mart Murry</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Witty</u>		14. NAME OF HUSBAND OR WIFE <u>Osborn Lynn</u>				
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 ADDRESS <u>Osborn Lynn Odessa, 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>Myocardial insufficiency and acute congestive heart failure</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Endocarditis?</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4/OK</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>No operation</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</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>Odessa</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>April</u> , 19 <u>47</u> , to <u>June 2</u> , 19 <u>48</u> , that I last saw the deceased alive on <u>June 2</u> , 19 <u>47</u> , and that death occurred at <u>4 P. m.</u> from the causes and on the date stated above.								
23a. SIGNATURE <u>W. M. Arthur</u>				(Degree or title)		23b. ADDRESS <u>Odessa, Mo.</u>		
23c. DATE SIGNED <u>6/4/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 5, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenton Cemetery</u>		
24d. LOCATION (City, town, or county) (State) <u>Odessa, Lafayette Co. MO</u>		DATE REC'D BY LOCAL REG. <u>June 5 49</u>		REGISTRAR'S SIGNATURE <u>L. H. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hugh H. Sparks Odessa, Mo.</u>		

RECEIVED SEP 2

District Health Officer No. 8,

District File Number.....

Date Filed 9-16-49

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.

Signed Joey H. Heiman

Signed.....

Student Embalmer

Licensed Embalmer No. 7544

P. O. Address Adm. Bldg.

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.