S. No. 300
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FILED JAN 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2213

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6045 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Farmington RURAL St. Francois
c. LENGTH OF STAY (in this place): Not hospitalized
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri State Hospital No. 4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Farmington
d. STREET ADDRESS (If rural, give location): Grounds - 620 Cayce St.

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3. NAME OF DECEASED (Type or Print): a. (First) BENJAMIN b. (Middle) H. c. (Last) LYNCH

4. DATE OF DEATH (Month) (Day) (Year): Jan. 2, 1950

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 23, 1890

9. AGE (In years last birthday): 59 — If under 1 year: Months 6, Days 9 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hospital Attendant

10b. KIND OF BUSINESS OR INDUSTRY: State Hosp. #4

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William E. Lynch

13b. MOTHER'S MAIDEN NAME: Ida Lamar

14. NAME OF HUSBAND OR WIFE: Irene Simmons Lynch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 491-16-0386

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Records State Hospital No. 4, Farmington, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease and Hypertension — 4 mos.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4201

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 14, *19* 49, *to* Jan. 2, *19* 50, *that I last saw the deceased alive on* Jan. 2, *19* 50, *and that death occurred at* P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John A. Brennan MD U.

23b. ADDRESS: State Hospital No. 4, Farmington, Mo.

23c. DATE SIGNED: 1-3-50.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 4, 1950

24c. NAME OF CEMETERY OR CREMATORY: Whitener Cemetery

24d. LOCATION (City, town, or county) (State): Marquand, Mo.

DATE REC'D BY LOCAL REG.: Jan. 3, 1950

REGISTRAR'S SIGNATURE: Esther Rudolph

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25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Homan Funeral Home, Marquand, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 25 1950

RECEIVED

JAN 23 1950

DISTRICT HEALTH OFFICE No. 4

File No. 150-112

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 Paul E. Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington Me.

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.