

FILED MAY 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15776

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5139 Registrar's No. 191

1. PLACE OF DEATH a. COUNTY <i>Butler Co. Mo. Is Twp</i>		2. USUAL RESIDENCE (Where deceased lived. Institution; residence before death) a. STATE <i>Missouri</i> b. COUNTY <i>Butler</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Neelyville Sta. Rt.</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Parma</i>	
c. LENGTH OF STAY (in this place) <i>5 months</i>		d. STREET ADDRESS (If rural, give location) <i>1</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>None</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>JAMES.</i> b. (Middle) <i>ANDREW.</i> c. (Last) <i>LYNN</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>May 4-51</i>		
5. SEX <i>M.</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Unwedded</i>	8. DATE OF BIRTH <i>Dec. 26-1866</i>	9. AGE (In years, last birthday) <i>84</i>	10. IF UNDER 1 YEAR Months Days <i>84</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Overhead Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>✓</i>		11. BIRTHPLACE (State or foreign country) <i>State of Tenn.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>					

13a. FATHER'S NAME <i>Dave Lynn</i>		13b. MOTHER'S M maiden NAME <i>Lina Duncal</i>		14. NAME OF HUSBAND OR WIFE <i>Wife Deceased</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Mr. Nora Thompson Neelyville Mo</i>	
17. ADDRESS <i>Neelyville Mo</i>					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>myocardial degeneration</i>				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) _____ DUE TO (c) _____				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>General senile debility</i>				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>none</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>none</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>none</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>4222</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>none</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>none</i>	

22. I hereby certify that I attended the deceased from *March 30, 1951*, to *May 4, 1951*, that I last saw the deceased alive on *April 23, 1951*, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>H Sewell M.D.</i>		(Degree or title)		23b. ADDRESS <i>Parma, Mo</i>		23c. DATE SIGNED <i>5/8/51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>5/6/51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Malden</i>		24d. LOCATION (City, town, or county) (State) <i>Malden Mo</i>	

DATE REC'D BY LOCAL REG. <i>May 10-1951</i>		REGISTRAR'S SIGNATURE <i>Wm. H. Johnson</i>		428		25. FUNERAL DIRECTOR'S SIGNATURE <i>Walter Funeral Service, Parma Mo</i>		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

MAY 15 1961

BUTLER CO. HEALTH CENTER

FILE No. 551-210

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 Walter Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dayton 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.