

FILED JUL 9 - 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20797

670

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 5789 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miss.</u>	
b. CITY OR TOWN <u>Anniston</u> c. LENGTH OF STAY (in this place) <u>James 29 yrs</u>		c. CITY OR TOWN <u>Anniston</u> b. COUNTY <u>Miss.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>		d. STREET ADDRESS (If rural, give location) <u>6</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) _____ c. (Last) <u>LYNN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 9, 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 7, 1879</u>
9. AGE (In years last birthday) <u>72</u>		<u>3</u> Months	<u>2</u> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, given if retired) <u>Farmering</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Clay, Ky.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James Lynn</u>	
13b. MOTHER'S MAIDEN NAME <u>Cliza Mitchell</u>		14. NAME OF HUSBAND OR WIFE <u>Valeria Lynn</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unk.</u>		16. SOCIAL SECURITY NO. <u>unk.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Valeria Lynn - Anniston, Mo.</u>		ADDRESS _____	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial degeneration</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> 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 <u>443x</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		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) _____		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 5, 1949</u> to <u>June 9, 1951</u> , that I last saw the deceased alive on <u>June 9, 1951</u> and that death occurred at <u>5:50 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>T. P. Fenton D.O.</u>		23b. ADDRESS <u>Wyers, Mo.</u>	
23c. DATE SIGNED <u>6-28-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>June 12, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anniston Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Anniston, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Travis Shelby</u>	
25. ADDRESS <u>East Prairie, Mo.</u>		DATE REC'D BY LOCAL REG. <u>7-3-51</u>	
REGISTRAR'S SIGNATURE <u>Bertrude G. Harper</u>		19 <u>51</u>	

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JUL 6 1957

RECEIVED

Miss. Co. Health Dept

County File No. \_\_\_\_\_

Date Filed JUL 6 1957

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 *Travis Shelby* \_\_\_\_\_

Licensed Embalmer No. *2726*

P. O. Address *East Prairie, 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.