

FILED JUL 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22567

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4165 Registrar's No. 57

1. PLACE OF DEATH  
a. COUNTY **Daviness**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Gallatin**

c. LENGTH OF STAY (in this place) **Life**

d. FULL NAME OF HOSPITAL OR INSTITUTION ---

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Missouri** b. COUNTY **Daviness**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Gallatin**

d. STREET ADDRESS (If rural, give location) ---

3. NAME OF DECEASED (Type or Print)  
a. (First) **Henry** b. (Middle) **Joshua** c. (Last) **Lynch**

4. DATE OF DEATH (Month) (Day) (Year) **July 4 1951**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **Nov. 17 1862** 9. AGE (In years last birthday) **88** IF UNDER 1 YEAR Months Days IF UNDER 11 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY **Poultry & Produce**

11. BIRTHPLACE (State or foreign country) **Daviness Co., Missouri**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **John S. Lynch** 13b. MOTHER'S MAIDEN NAME **Mary Ann McBrayer** 14. NAME OF HUSBAND OR WIFE **Amanda J. Lynch**

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

16. SOCIAL SECURITY NO. **None**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. Ora Glasscock, Gallatin, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Cerebral Hemorrhage**

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) **Hypertension (Essential) 10 yrs**

DUE TO (c) **Arterial Regeneration 7 yrs**

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  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) **331X**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) \_\_\_\_\_ 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 **6-2-1951**, to **7-4-1951**, that I last saw the deceased alive on **7-4-1951**, and that death occurred at **4:26 P** m., from the causes and on the date stated above.

23a. SIGNATURE **Floyd E. Nelson** (Degree or title) \_\_\_\_\_ 23b. ADDRESS **Gallatin, Mo.** 23c. DATE SIGNED **7-5-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **7-6-1951** 24c. NAME OF CEMETERY OR CREMATORY **Hillcrest Cemetery** 24d. LOCATION (City, town, or county) (State) **Gallatin, Missouri**

DATE REC'D BY LOCAL REG. **13 July 1951** REGISTRAR'S SIGNATURE **Regina M. Engelhart** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Hope Funeral Home, Gallatin Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

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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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed *L. O. Richesson* Student Embalmer No. ....  
Licensed Embalmer No. *3307*  
P. O. Address *Gallatin, 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.