

FILED AUG 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23574**

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 3642 Registrar's No. 443

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>Gentry</u>	
b. CITY OR TOWN <u>Rural</u>		c. CITY OR TOWN <u>Albany</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED a. (First) <u>Marion</u> b. (Middle) _____ c. (Last) <u>Lynch</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 24 1951</u>		
--	--	--	--	--	--

5. SEX <u>Mo W</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>2-4-36</u>		9. AGE (In years last birthday) <u>15</u>		10. IF UNDER 1 YEAR Days _____		11. IF UNDER 6 HRS. Hours _____		12. IF UNDER 6 HRS. Min. _____	
--------------------	--	---------------------------	--	--	--	--------------------------------	--	---	--	--------------------------------	--	---------------------------------	--	--------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Inmate of institution</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>				11. BIRTHPLACE (State or foreign country) <u>Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
---	--	--	--	--	--	--	--	--	--	--	--	---	--	--	--

13a. FATHER'S NAME <u>Albert Lynch</u>				13b. MOTHER'S MAIDEN NAME <u>Esther Mae Runyan</u>				14. NAME OF HUSBAND OR WIFE <u>Never married</u>			
---	--	--	--	---	--	--	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>				16. SOCIAL SECURITY NO. <u>none</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Missouri State School, Marshall</u>				ADDRESS <u>Marshall</u>			
---	--	--	--	-------------------------------------	--	--	--	---	--	--	--	----------------------------	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)												MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Death by Drowning</u>												DUPLICATE							
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.												ANTECEDENT CAUSES							
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.												DUE TO (b) <u>Swimming in a pond</u>							
												DUE TO (c) <u>Drowning accidentally</u>							
II. OTHER SIGNIFICANT CONDITIONS												Conditions contributing to the death but not related to the disease or condition causing death.				<u>E 9291</u>			

19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>								20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
------------------------------	--	--	--	---	--	--	--	--	--	--	--	---	--	--	--

21a. ACCIDENT (Specify) <u>accident</u>				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Waverly Lafayette Mo</u>			
---	--	--	--	--	--	--	--	--	--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>7-24-1951 12 m.</u>				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				21f. HOW DID INJURY OCCUR? <u>Drowned while swimming</u>			
--	--	--	--	---	--	--	--	---	--	--	--

22. I hereby certify that I attended the deceased from _____, 19____, and that death occurred at 12 m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Martin Luther Cannon</u>				23b. ADDRESS <u>Odesa Mo</u>				23c. DATE SIGNED <u>7-24-51</u>			
--	--	--	--	---------------------------------	--	--	--	------------------------------------	--	--	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>				24b. DATE <u>2-27-51</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Rose Star Cem</u>				24d. LOCATION (City, town, or county) (State) <u>Gentry Co Mo.</u>			
---	--	--	--	-----------------------------	--	--	--	--	--	--	--	---	--	--	--

DATE REC'D BY LOCAL REG. <u>July 24-1951</u>				REGISTRAR'S SIGNATURE <u>Clayton W. Landrum</u>				154				FUNERAL DIRECTOR'S SIGNATURE <u>Campbell & Lewis</u>				ADDRESS <u>Marshall Mo.</u>			
---	--	--	--	--	--	--	--	-----	--	--	--	---	--	--	--	--------------------------------	--	--	--

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

RECEIVED 7 31 51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-31-51

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 *James H. Lewis* _____

Licensed Embalmer No. *4709* _____

P. O. Address *Marshall, 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.