No. 300
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FILED OCT 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34632

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 5964 Registrar's No. 63

130

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

1. PLACE OF DEATH
a. COUNTY: Platte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R.F.D. Parkville.
c. LENGTH OF STAY (in this place): 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Platte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural. R.F.D. 0830
d. STREET ADDRESS (If rural, give location): 6 miles N.W. Parkville.

3. NAME OF DECEASED (Type or Print): a. (First) Thomas b. (Middle) G. c. (Last) Lynch.

4. DATE OF DEATH (Month) (Day) (Year): Oct 9 1951

5. SEX: Male
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Dec 13-1876
9. AGE (In years last birthday): 74 | IF UNDER 1 YEAR Months: 9 Days: 26 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber
10b. KIND OF BUSINESS OR INDUSTRY: Plumber.
11. BIRTHPLACE (State or foreign country): Tera Hautte Ind.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: John Lynch
13b. MOTHER'S MAIDEN NAME: Mary Jordan
14. NAME OF HUSBAND OR WIFE: Theresa Brint deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give wars or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Geo E. Rife Parkville, Mo 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

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

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) generalized Arteriosclerotic C.V. dis.
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: 4201.
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* 10/9, 1951, *to* 10/9, 1951, *that I last saw the deceased alive on* 10/9, 1957, *and that death occurred at* 8:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ethel Jennings MD
23b. ADDRESS: Parkville Mo
23c. DATE SIGNED: 10/10/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 5
24b. DATE: Oct. 10-1951
24c. NAME OF CEMETERY OR CREMATORY: Caldwell Kan.
24d. LOCATION (City, town, or county) (State): Caldwell Kansas

DATE REC'D BY LOCAL REG.: Oct 10-51
REGISTRAR'S SIGNATURE: Alphia Rollins 257
25. FUNERAL DIRECTOR'S SIGNATURE: Leland H. Francis ADDRESS: Parkville Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
17
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Leland H. Francis

Signed.....
Student Embalmer

Licensed Embalmer No. 3451

P. O. Address Parkville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.