

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42672

State File No. _____

FILED JAN 5 1952

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 418

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bonne Terre</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>716 Warren St.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Julia</u>	b. (Middle) <u>Mae</u>	c. (Last) <u>Lynn</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 21, 1951</u>
-------------------------------------	-------------------------	------------------------	-----------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 14, 1887</u>	9. AGE (In years last birthday) <u>64</u>	10. MONTH <u>10</u>	11. DAY <u>7</u>	12. HOURS <u>7</u>	13. MIN. <u></u>
----------------------	-------------------------------	---	--------------------------------------	---	---------------------	------------------	--------------------	------------------

10a. USUAL OCCUPATION (Give kind of work during most of the life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>st. Francois County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	--	---	---

13a. FATHER'S NAME <u>William Jarrett</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Beatter</u>	14. NAME OF HUSBAND OR WIFE <u>Leonard Beatter Lynn</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Leonard Lynn 716 Warren, St Farmington, Mo</u>
--	-------------------------------------	---

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Vascular Disease.</u>		<u>None</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Jan 21 1951 11 AM</u>	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 Jan 1947, to Jan 21, 1951, that I last saw the deceased alive on Jan 21, 1951, and that death occurred at 2 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Langford M.D.</u> (Degree or title)	23b. ADDRESS <u>Farmington Mo.</u>	23c. DATE SIGNED <u>12-22-51</u>
--	------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 24, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Calvary</u>	24d. LOCATION (City, town, or county) (State) <u>Farmington, Mo.</u>
---	--------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>Dec. 23, 1951</u>	REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ch Cozear</u>	ADDRESS <u>Farmington, Mo.</u>
---	--	---	--------------------------------

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

2811
0

File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 30 1951

RECEIVED

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 _____

Licensed Embalmer No. 4084

P. O. Address Farmington, N.H.

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.