

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12644**

396
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BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 415

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Greene | |
| b. CITY (If outside corporate limits, write RURAL and give town) Springfield | | c. CITY (If outside corporate limits, write RURAL and give township) Springfield | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) 2323 N. Johnston | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hosp. | | | |

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| 3. NAME OF DECEASED (Type or Print) | | a. (First) Edith | | b. (Middle) F. | | c. (Last) Lynn | | 4. DATE OF DEATH (Month) (Day) (Year) April 25 1952 | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married | | 8. DATE OF BIRTH 28 MARCH 1899 | | 9. AGE (In years last birthday) 53 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher | | 10b. KIND OF BUSINESS OR INDUSTRY Teaching | | 11. BIRTHPLACE (State or foreign country) MISSOURI | | 12. CITIZEN OF WHAT COUNTRY? USA | | | |

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|---|--|---|--|--|--|
| 13a. FATHER'S NAME J. F. LYNN | | 13b. MOTHER'S MAIDEN NAME SARAH F. HOLDERMAN | | 14. NAME OF HUSBAND OR WIFE [check] | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. UNKNOWN | | 17. INFORMANT'S SIGNATURE OR NAME ROBERT WINTON ADDRESS SPGFD. MO. | |

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|--|--|---|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pyelonephritis. | | INTERVAL BETWEEN ONSET AND DEATH 2 yrs. | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | | | |
| | | Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | |
| | | DUE TO (b) _____ | | | |
| | | DUE TO (c) _____ | | | |
| | | 11. OTHER SIGNIFICANT CONDITIONS | | | |
| | | Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|---|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 6000 | | 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 11-20, 1948, to 4-25, 1952, that I last saw the deceased alive on 4-24, 1952, and that death occurred at 4:00A m., from the causes and on the date stated above.

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|---|--|--|--|--|--|
| 23a. SIGNATURE H.P. Moody M.D. | | 23b. ADDRESS 609 Cherry - Springfield | | 23c. DATE SIGNED 4/25/52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 4-28-52 | | 24c. NAME OF CEMETERY OR CREMATORY FREEMAN CEMETERY | |
| | | 24d. LOCATION (City, town, or street) FREEMAN | | (State) MO. | |

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|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. 4-28-52 | | REGISTRAR'S SIGNATURE James R. Lewis, M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE J.W. Klingner & Co. ADDRESS Springfield Mo. | |
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(Licensed Embalmer's Statement on Reverse Side)

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

1001 7 1958

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

Max Rhodes

Licensed Embalmer No. _____

4071

P. O. Address _____

4 Springfield

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.