

FILED OCT 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34096

State File No.

BIRTH NO. REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 3000 Registrar's No. 344

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon	
b. CITY OR TOWN Kirkville		c. CITY OR TOWN Elmer	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Kirkville Osteopathic Hosp.			

3. NAME OF DECEASED (Type or Print)	a. (First) Willie	b. (Middle) Ellis	c. (Last) Lynch	4. DATE OF DEATH (Month) (Day) (Year)
				10 - 18 - 52

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 1-21-1879	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Elmer, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME William Lynch	13b. MOTHER'S MAIDEN NAME Mary Ellen Campbell	14. NAME OF HUSBAND OR WIFE Gurthie Bell Heaton
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mr. Kenneth M. Jones	ADDRESS Elmer Mo
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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, asphyxia, 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) Hypostatic Pneumonia		
	ANTECEDENT CAUSES *Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Heart Failure DUE TO (c) Coronary Heart Disease		
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"/>
		4201

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)
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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?
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22. I hereby certify that I attended the deceased from **Oct 12, 1952** to **Oct 18, 1952**, that I last saw the deceased alive on **Oct 18, 1952**, and that death occurred at **2:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harold Q. Mangels, D.O.	23b. ADDRESS 1014 Hospital - Kirkville, Mo.	23c. DATE SIGNED 10-18-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 20, 1952	24c. NAME OF CEMETERY OR CREMATORY Burial Cemetery	24d. LOCATION (City, town, or county) (State) Elmer, Mo.
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DATE REC'D BY LOCAL REG. 10-18-52	REGISTRAR'S SIGNATURE Kate Lambert	25. PUBLIC HEALTH DIRECTOR'S SIGNATURE Edith M. ...	ADDRESS Elmer, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 21 1952

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. 4037

P. O. Address Bucklin, 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.