

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5181

State File No.

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 393 PRIMARY REG. DIST. NO. 1002 Registrar's No. 847

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (In this place) <u>50 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>2800 EAST 45TH STREET NORTH</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2800 EAST 45TH STREET NORTH</u>		e. STREET ADDRESS (If rural, give location) <u>2800 EAST 45TH STREET NORTH</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MINNIE</u> b. (Middle) <u>MAE</u> c. (Last) <u>LYNCH HALL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 7, 1953</u>		
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>	8. DATE OF BIRTH <u>MAY 18, 1876</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>CLARKSBURG, WEST VIRGINIA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>WESLEY J. LYNCH</u>	13b. MOTHER'S MAIDEN NAME <u>MARTHA NEWSOM</u>	14. NAME OF HUSBAND OR WIFE <u>ALBERT HALL</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs DOROTHY J. WHITE</u>	ADDRESS <u>2800 45TH ST. NORTH KANSAS CITY, MO.</u>
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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, asthma, 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>Myocardial infarction</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>		H201	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min.)	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 19 51 to 2-7, 19 53, that I last saw the deceased alive on 2-7, 19 53 and that death occurred at 8:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert H. Hodge</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>379 E. German Ave. M.C. Mo.</u>	23c. DATE SIGNED <u>FEB 9, 1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEB 10 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>2-9-53</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Newcome's Sons</u>	ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5008
1

MAR 17 1953

height over 4484

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

Charles H. Stickney

Licensed Embalmer No. 4560

P. O. Address K.P. 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.