

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9220**

ED. MAR 23 1953

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 67

5264
1

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

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY COLE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON City	
c. LENGTH OF STAY (In this place) 6 Mo		d. STREET ADDRESS (If rural, give location) 618 Broadway 0264	
d. FULL NAME OF HOSPITAL OR INSTITUTION 618 Broadway			

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Paul c. (Last) Lynott			4. DATE OF DEATH (Month) (Day) (Year) MARCH-13-1953	
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5. SEX MALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Sept 30-1878		9. AGE (In years last birthday) 74		10. IF UNDER 1 YEAR: Months 6 Days 13		11. IF UNDER 1 MIN. Hours 0 Mins. 0	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teaching & Farming			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) Ind Mo = 0			12. CITIZEN OF WHAT COUNTRY? USA		
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13a. FATHER'S NAME John Lynott			13b. MOTHER'S MAIDEN NAME Mary M^cKeon			14. NAME OF HUSBAND OR WIFE Anna Mosaw Lynott		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 500-26-5965		17. INFORMANT'S SIGNATURE OR NAME Clyde Morton - Linn, Mo		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aneurysm, aortic, abdominal (ruptured)						1 1/2 yrs.	
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis heart Disease - Auricular fibrillation							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 451X						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)				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 _____, 1948, to 3-13, 1953, that I last saw the deceased alive on 3-13, 1953, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. Paul Leslie, M.D.		23b. ADDRESS Jefferson City, Mo		23c. DATE SIGNED 3-13-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/17/53		24c. NAME OF CEMETERY OR CREMATORY St George		24d. LOCATION (City, town, or county) (State) Linn - Mo	
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DATE REC'D BY LOCAL REG. March 17-53		REGISTRAR'S SIGNATURE R. P. Darnell, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Clyde Morton - Linn		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

Vernon M. Morton

Licensed Embalmer No. *4125*

P. O. Address *Levin 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.