

FILED APR 28 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16727

BIRTH NO. _____		REG. DIST. NO. <u>W3</u>		PRIMARY REG. DIST. NO. <u>4474</u>		Registrar's No. <u>19</u>			
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sweet Springs Mo</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sweet Springs Missouri</u>		OR TOWN <u>0970</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEAR Railroad bridge Sweet Springs</u>				d. STREET ADDRESS (If rural, give location) <u>near railroad bridge in Sweet Springs Missouri</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>			b. (Middle) <u>Everett</u>		c. (Last) <u>Lynch</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 19, 1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>		8. DATE OF BIRTH <u>Jan. 24 1908</u>		9. AGE (in years last birthday) <u>45</u> If under 1 year: Months <u>2</u> Days <u>22</u> Hours <u>21</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sweet Springs Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Lynch</u>				13b. MOTHER'S MAIDEN NAME <u>Katherine Davidson</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. L. C. White, 1510 E Broadway</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause unknown</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>rendered by injury</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>7955</u>				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)		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 <u>Sept in Quapaw April 19 2/10 1953</u> , 19 <u>53</u> , at <u>Sweet Springs</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>P. L. Lewis, M.D., Coroner Saline Co</u>				23b. ADDRESS <u>Marshall Mo.</u>		23c. DATE SIGNED <u>4/21-03</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 23 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Ceme</u>		24d. LOCATION (City, town, or county) (State) <u>Sweet Springs, Mo</u>			
DATE REC'D BY LOCAL REG. <u>4/22/53</u>		REGISTRAR'S SIGNATURE <u>Daley Andrew</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edgar L. Mowley</u>		ADDRESS <u>Sweet Springs Mo</u>			

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

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MAY 15 1957

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

Edgar L. Moreby

Licensed Embalmer No. 476

P. O. Address Sweet Springs, MD

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.