

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18137

State File No.

2581

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>23 YEARS</u>		e. STREET ADDRESS (If rural, give location) <u>108 2619 NORTON AVENUE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>TRINITY Lutheran Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>FRED</u>	a. (First) <u>FRED</u>	b. (Middle) <u>A</u>	c. (Last) <u>LYNCH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 18 1953</u>
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5. SEX <u>D</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUGUST 31-1885</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLOTHING SALESMAN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>JONES STORES Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>WICHITA - KANSAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>LOUIS LYNCH</u>	13b. MOTHER'S MAIDEN NAME <u>ELLA CLARK</u>	14. NAME OF HUSBAND OR WIFE <u>LEAH B. LYNCH</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. <u>486-01-0285</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. LEAH B. LYNCH</u>	ADDRESS <u>2619 NORTON AVE. 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>Cardiac stand still</u>		<u>Several minutes</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Probable Anterior abdominal heart dis.</u> DUE TO (c)		<u>7 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute Cholelithiasis</u>			<u>2 1/2 days</u>

19a. DATE OF OPERATION <u>5-18-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Gangrenous Empyema of Gall Bladder</u>	4200	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 8-5, 1952, to 5-18, 1953, that I last saw the deceased alive on 5-18, 1953, and that death occurred at 7:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph E. Welker</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>11836 Prof. Blvd K.C. 6 Mo</u>	23c. DATE SIGNED <u>5-19-53</u>
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24a. FUNERAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 20, 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Hope</u>	24d. LOCATION (City, town, or county) (State) <u>K.C. Kansas</u>
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DATE REC'D BY LOCAL REG. <u>5-20-53</u>	REGISTRAR'S SIGNATURE <u>Steraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. NEWCOMER'S SONS Kansas City, Missouri</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *Charles H. Strickman*

Licensed Embalmer No. *4560*

P. O. Address *K.C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.