

STANDARD CERTIFICATE OF DEATH

State File No. **27951**

FILED SEP 1 - 1953

REG. DIST. NO. **49** PRIMARY REG. DIST. NO. **5175** Registrar's No. **15**

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

1. PLACE OF DEATH a. COUNTY Camden Co		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Camden	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Russell		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Russell	
c. LENGTH OF STAY (In this place) 29 yrs		d. STREET ADDRESS (If rural, give location) 0150	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Monroe c. (Last) Lynch			4. DATE OF DEATH (Month) (Day) (Year) 8-20-53		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	
8. DATE OF BIRTH Feb. 23-1885		9. AGE (In years last birthday) 68		IF UNDER 1 YEAR: Days 6 Hours 27 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY FARMER		11. BIRTHPLACE (State or foreign country) Macks Creek, Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Dave Lynch		13b. MOTHER'S MAIDEN NAME Rachel ROGERS	
14. NAME OF HUSBAND OR WIFE Elizabeth M. Lynch		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Elizabeth Lynch		ADDRESS			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		ANTECEDENT CAUSES			4.5 d	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			Generalized Metastatic Carcinomatosis 8-102	
DUE TO (b) Carcinoma of Lungs		DUE TO (c)			1-2 y	
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"/>	
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 **10-26**, 19**52**, to **8-20**, 19**53**, that I last saw the deceased alive on **8-19**, 19**52**, and that death occurred at **1:30** p.m., from the causes and on the date stated above.

23a. SIGNATURE **A. Griffen M.D.** (Degree or title) 23b. ADDRESS **Buffalo, Mo** 23c. DATE SIGNED **26 Aug 53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **8-21-53** 24c. NAME OF CEMETERY OR CREMATORY **Pleasant Grove** 24d. LOCATION (City, town, or county) (State) **Camden Co MO**

DATE REC'D BY LOCAL REG **Aug. 28 53** REGISTRAR'S SIGNATURE **Alma K. Eldred** 484 25. FUNERAL DIRECTOR'S SIGNATURE **Allen W. Vaughan** ADDRESS **Urbana, Mo**

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.

Signed Allen W. Vaughan

Signed _____
Student Embalmer

Licensed Embalmer No. 4156

P. O. Address URR 72, 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.