

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36804

State File No. ....

FILED NOV 2 - 1953

BIRTH NO. .... REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 127

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PIKE</u>	
b. CITY OR TOWN <u>LOUISIANA</u> (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place) <u>LIFE</u>		c. CITY OR TOWN <u>LOUISIANA</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PIKE COUNTY HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>2313 NORTH CAROLINA</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>ALEXANDER</u> c. (Last) <u>LYNN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 19, 1953</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUG. 13, 1876</u>
9. AGE (In years last birthday) <u>77</u>		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NURSERYMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NURSERY</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>PIKE CO., MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>ROBERT LYNN</u>		13b. MOTHER'S MAIDEN NAME <u>ELLEN UPTON</u>	
14. NAME OF HUSBAND OR WIFE <u>Florence A. Lynn</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Florence A. Lynn - Louisiana, Mo</u> ADDRESS <u>4201</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>Acute Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Angina Pectoris</u> DUE TO (c) _____ 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) (Minute)		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>10-19-1953</u> to <u>10-19-1953</u> , that I last saw the deceased alive on <u>10-19-1953</u> , and that death occurred at <u>3:05 PM</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>Robert L. Andrae, M.D.</u>		23b. ADDRESS <u>216 Georgia St Louisiana, Mo</u>	
23c. DATE SIGNED <u>10/21/53</u>			
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <u>Oct 21, 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>RIVERVIEW CEM</u>		24d. LOCATION (City, town, or county) (State) <u>LOUISIANA, MO</u>	
DATE REC'D BY LOCAL REG. <u>Oct 21, 1953</u>		REGISTRAR'S SIGNATURE <u>Bernice Collier 374</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. M. Collier Mortuary</u>		ADDRESS <u>Louisiana, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 18 1969

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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 *Geo. M. Collier*

Licensed Embalmer No. *3839*

P. O. Address *Louisiana*

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.