

FILED JUN 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16669

State File No.

BIRTH. NO. ... REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY: Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Missouri b. COUNTY: Mississippi	
b. CITY (If outside corporate limits, write RURAL and give township): OR TOWN: Charleston		c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN: Charleston	
c. LENGTH OF STAY (In this place): 8 Years		d. STREET ADDRESS (If rural, give location): 312 Cleveland St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Residence, 312 Cleveland St.			

3. NAME OF DECEASED (Type or Print)	a. (First): James	b. (Middle): Eben	c. (Last): Lynn	4. DATE OF DEATH (Month) (Day) (Year) March, 12, 1954
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Jan. 27, 1887	9. AGE (In years last birthday): 67 IF UNDER 1 YEAR: Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Farming	11. BIRTHPLACE (State or foreign country): Bardwell, Ky.	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME: Isaac Newton Lynn	13b. MOTHER'S MAIDEN NAME: Mary Etta Shelton	14. NAME OF HUSBAND OR WIFE: Lora Hale Lynn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No	16. SOCIAL SECURITY NO.: None	17. INFORMANT'S SIGNATURE OR NAME: Mrs. Lora Lynn, Charleston, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH: 3 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocardial degeneration		
ANTECEDENT CAUSES		DUE TO (b)	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 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 Feb 1951, to March 1954, that I last saw the deceased alive on Mar 12, 1954, and that death occurred at 10:40A m., from the causes and on the date stated above.

23a. SIGNATURE: J. P. Fenton D.O.	(Degree or title)	23b. ADDRESS: Wyatt Mo.	23c. DATE SIGNED: 3/25/54
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 3/14/54	24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery	24d. LOCATION (City, town, or county) (State): Charleston, Mo.
DATE REC'D BY LOCAL REG: 5-1-54	REGISTRAR'S SIGNATURE: Jean Beane	25. FUNERAL DIRECTOR'S SIGNATURE: The Minniee Funeral Chapel	ADDRESS: Charleston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 28 REC
RECEIVED

Miss. Co. Health Dep

County File No. _____

Date Filed MAY 28 195

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 Edward E. Pennington

Licensed Embalmer No. 4164

P. O. Address Charleston, W. Va.

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.