

FILED OCT 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29869

State File No.

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1037

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | | c. CITY OR TOWN St. Joseph | |
| c. LENGTH OF STAY (in this place) 50 Yrs | | 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 2206 South 11th St. | | e. STREET ADDRESS (If rural, give location) 2206 South 11th St. 01170 | |

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|---|--|---|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Agnes c. (Last) Lynch | | | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 25, 1954 | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | |
| 8. DATE OF BIRTH April 10, 1880 | | 9. AGE (In years last birthday) 74 | | 10. F UNDER 1 YEAR Months Days | |
| 11. BIRTHPLACE (City and State or Foreign Country) Ottumwa, Iowa | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | | | |

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|--|--|--|--|---|--|
| 13a. FATHER'S NAME Michael Garvin | | 13b. MOTHER'S MAIDEN NAME Catherine O'Hara | | 14. NAME OF HUSBAND OR WIFE Daniel Lynch | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Garvin Lynch San Antonio, Tex | |

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|--|--|---|--|---------------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 1950 | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of Rectum</i> | | | | | |
| ANTECEDENT CAUSES | | Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. | | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS | | Conditions contributing to the death but not related to the disease or condition causing death. | | 154 X | |

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|--|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <i>Carcinoma of Rectum 7/18/50</i> | | 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) m. | | 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 7/18 1950, to 9/24 1954, that I last saw the deceased alive on 9/24 1954, and that death occurred at 4:15a m., from the causes and on the date stated above.

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|---|--|--|--|---|--|
| 23a. SIGNATURE (Degree or title) <i>Frank J. Herdegen, M.D.</i> | | 23b. ADDRESS 620 Francis St. St. Joseph, Mo. | | 23c. DATE SIGNED 9/25/54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Sept. 28, 1954 | | 24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery | |
| | | | | 24d. LOCATION (City, town, or county) (State) St. Joseph, Mo. | |

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| DATE REC'D BY LOCAL REG. Sept 28, 1954 | | REGISTRAR'S SIGNATURE <i>Kathleen M. Allison</i> | | 25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Norman W. Sidenfaden 1802 Union St. St. Joseph, Mo.</i> | |
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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 *Robert L. Yash*.....

Licensed Embalmer No. 3308.....

P. O. Address St. Joseph, ..

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.