

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **21658**

FILED AUG 1 - 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **98** PRIMARY REG. DIST. NO. **5370** Registrar's No. **73**

1. PLACE OF DEATH a. COUNTY <b>Daviess</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Daviess</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Union Township</b>		c. LENGTH OF STAY (In this place) <b>Yrs.</b>	c. CITY OR TOWN <b>Rural</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3 Mi. N.E. Gallatin</b>			STREET ADDRESS (If rural, give location) <b>3 Mi. N.E. Gallatin, Mo.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Gus</b> b. (Middle) <b>Adolphus</b> c. (Last) <b>Lynn, Jr.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 10 1955</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 3 1877</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm Owner</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Daviess Co. Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Gus Adolphus Lynn, Sr.</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Conner</b>		14. NAME OF HUSBAND OR WIFE <b>Susie Lynn</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Gus A. Lynn, Gallatin, Mo.</b>		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b> INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b> ANTECEDENT CAUSES DUE TO (b) <b>Arteriosclerosis</b> <b>10 yrs.</b> DUE TO (c) <b>Hypertension</b> <b>10 yrs</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>331X</b>				
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) 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 <b>July 2, 1955</b> to <b>July 10, 1955</b> that I last saw the deceased alive on <b>7-10, 1955</b> and that death occurred at <b>12:30A m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Lloyd E. Newbold</b>			23b. ADDRESS <b>Gallatin, Mo.</b>		23c. DATE SIGNED <b>7-12-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-12-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Brown Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Daviess Co. Missouri</b>	
DATE REC'D BY LOCAL REG. <b>7-18-55</b>	REGISTRAR'S SIGNATURE <b>Virginia M. Engelhart</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Hope Funeral Home, Gallatin, Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
*L. O. Pierson*

Licensed Embalmer No. *330*  
P. O. Address.....  
*Fallston*

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.