

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

22969

State File No. _____

FILED JUL 18 1955

BIRTH NO. _____ REG. DIST. NO. 229 PRIMARY REG. DIST. NO. 229 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Florence Mo</u>			c. LENGTH OF STAY (in this place) <u>4 yrs</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Florence Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>none</u>			
3. NAME OF DECEASED (Type or Print) <u>Harry</u>		a. (First) <u>Harry</u>		b. (Middle) <u>L.</u>		c. (Last) <u>Lynch</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>7-10-55</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>3-26-1884</u>	
9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railway Conductor</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>North Carolina</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Milton Lynch</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Bongard</u>			14. NAME OF HUSBAND OR WIFE <u>Lola Lynch</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Lola Lynch New Florence Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Aedema of L Lung</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Myocarditis</u> DUE TO (c) <u>Carcinoma of Both Lungs</u>			
18. CAUSE OF DEATH (continued) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>163X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs.</u> <u>14 hrs.</u> <u>?</u>			
19a. DATE OF OPERATION <u>1-30-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Rt. Lung (Removal)</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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 Jan 20, 1955, to July 10, 1955, that I last saw the deceased alive on July 10, 1955, and that death occurred at 3 A. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James O. Nelson M.D.</u>				23b. ADDRESS <u>New Florence Mo</u>		23c. DATE SIGNED <u>7-12-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-12-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Florence Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>New Florence Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-12-55</u>		REGISTERAR'S SIGNATURE <u>James O. Nelson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Montgomery City Mo</u>			

207-0 (Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

1956 JUL 12 5PM

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, ~~XXXX~~ on the
day of July 1955, Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed G. W. Hopkins
G. W. Hopkins

Licensed Embalmer No. 1487

P. O. Address Montgomery City Mo

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.