

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39417**

FILED DEC 6 1955

| | | | | | | | | |
|---|-------------------------------|---|--|---|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 339 | | PRIMARY REG. DIST. NO. 450 | | Registrar's No. 4 | | |
| 1. PLACE OF DEATH a. COUNTY Stoddard | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admittance) a. STATE Missouri b. COUNTY Mississippi | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poxico | | c. LENGTH OF STAY (in this place) 1 MONTH | | c. CITY OR TOWN East Prairie Mo. | | 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 BEACON NURSING HOME | | | | e. STREET ADDRESS (If rural, give location) @ 6711 | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) MAUDE b. (Middle) JANE c. (Last) LYNN | | | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 7 1955 | | | | | |
| 5. SEX Fem. | 6. COLOR OF RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Mar. 24, 1883 | | 9. AGE (In years last birthday) 72 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic | | 10b. KIND OF BUSINESS OR INDUSTRY Domestic | | 11. BIRTHPLACE (City and State or Foreign Country) New Madrid Co. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
| 13a. FATHER'S NAME V.C. SOIT | | 13b. MOTHER'S MAIDEN NAME Eliza Jane Doherty | | 14. NAME OF HUSBAND OR WIFE Clarence B. 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 ADDRESS Myrtle Cox - Memphis, Tenn. | | | | |
| 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. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Colon. | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility | | | | | 153x | |
| 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) 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 Dec 19 , 19 53 , to Nov 6 , 19 55 , that I last saw the deceased alive on Nov 6 , 19 55 ; and that death occurred at 5 P. m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) Irvin C. Henshield, O. | | | | 23b. ADDRESS East Prairie | | 23c. DATE SIGNED 11-13-55 | | |
| 24. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 11-8-55 | 24c. NAME OF CEMETERY OR CREMATORY W.O.W. | | 24d. LOCATION (City, town, or county) (State) East Prairie, Mo. | | | |
| DATE REC'D BY LOCAL REG. 12/5/55 | | REGISTRAR'S SIGNATURE Paul Reed 498 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Travis Shelby - East Prairie | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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 *Harris Shelby Jr.*.....

Licensed Embalmer No. *492*

P. O. Address *East...*

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.