

FILED DEC 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **39523**

BIRTH NO.		REG. DIST. NO. 374		PRIMARY REG. DIST. NO. 6274		Registrar's No. 3	
1. PLACE OF DEATH a. COUNTY Worth b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Middlefork 6274 c. LENGTH OF STAY (in this place) Life d. FULL NAME OF HOSPITAL OR INSTITUTION				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Worth c. CITY OR TOWN d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> e. STREET ADDRESS (If rural, give location) Rural - Middlefork Township 6274			
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Marissa c. (Last) Lynch		4. DATE OF DEATH (Month) (Day) (Year) Dec. 4, 1955		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 19, 1892		9. AGE (in years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	
11. BIRTHPLACE (City and State or Foreign Country) Gentry County, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME Samuel Standley		13b. MOTHER'S MAIDEN NAME Emma Hudson	
14. NAME OF HUSBAND OR WIFE Will Lynch		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 Will Lynch ADDRESS Worth Missouri	
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X		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)	
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 10-4 , 19 55 , to 12-4 , 19 55 , that I last saw the deceased alive on 12-4 , 19 55 , and that death occurred at 7:00 p.m. , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) Charles D. Williamson M.D.	
23b. ADDRESS Gentry Mo		23c. DATE SIGNED 12-5-55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE December 6, 55	
24c. NAME OF CEMETERY OR CREMATORY Grant City Cemetery		24d. LOCATION (City, town, or county) (State) Grant City, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Bill Dunfee		ADDRESS Grant City, Mo.	
DATE REC'D BY LOCAL REG. 12-9-1955		REGISTRAR'S SIGNATURE Leta E. Dawson		345- 0		25. FUNERAL DIRECTOR'S SIGNATURE Bill Dunfee	

(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 *Bill A. Dunfee*

Licensed Embalmer No. *49*

P. O. Address *Grant Co.*

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.