

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 11 1956

State File No. **40718**  
Registrar's No. **5458**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH  
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

c. LENGTH OF STAY (in this place) 73 yrs.

c. CITY OR TOWN Kansas City

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION 3529 Central St.

e. STREET ADDRESS (If rural, give location) 3529 Central St. 3480

3. NAME OF DECEASED  
a. (First) Maggie b. (Middle) A. c. (Last) Lynch

4. DATE OF DEATH (Month) (Day) (Year) Dec. 14, 1955

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, 2- WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH March 22, 1877

9. AGE (In years last birthday) 78 yrs IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

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

11. BIRTHPLACE (City and State or Foreign Country) Marshall, Texas

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Patrick Shurlock

13b. MOTHER'S MAIDEN NAME Ann McDonald

14. NAME OF HUSBAND OR WIFE John M. Lynch-deceased

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 Miss Bernadine Lynch-3529 Central St.

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.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cardiac failure  
ANTECEDENT CAUSES degenerative  
Morbid conditions; if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) hypertensive heart disease  
DUE TO (c) arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH  
1 week  
11 years  
years  
443x

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945, 1945, to Dec. 14, 1955, that I last saw the deceased alive on Dec. 14, 1955, and that death occurred at 8:40 m., from the causes and on the date stated above.

23a. SIGNATURE John M. Skinner (Degree or title)? MD

23b. ADDRESS 1102 Grand St. CMO

23c. DATE SIGNED 12-15-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 12/17/55

24c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery

24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. 12-15-55 REGISTRAR'S SIGNATURE Neva Marshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS QUIRK & TOBIN-20 W. Linwood, K.C. Mo.

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 Thomas A. Faeller, Student Embalmer No. 52

working under my personal supervision..

Student Thomas A. Faeller Signed Forrest D. Coldson  
Signature of Student Embalmer

Licensed Embalmer No. 4714

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.