No. 300
10.48

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

FILED FEB 3 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3659

BIRTH NO. _____ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4552 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY: Wright
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mtn. Grove
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mtn. Grove Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Texas
c. CITY OR TOWN: Rural ~~Mtn. Grove~~
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Bluton Twp 1070

3. NAME OF DECEASED (Type or Print)
a. (First): Cora
b. (Middle): Jane
c. (Last): Lynch

4. DATE OF DEATH (Month) (Day) (Year): 1/19/1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 10, 1893
9. AGE (In years last birthday): 62
If under 1 year: Months: 6 Days: 9
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:
11. BIRTHPLACE (City and State or Foreign Country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Steve Branson
13b. MOTHER'S MAIDEN NAME: Vicinda Baker
14. NAME OF HUSBAND OR WIFE: Frank Lynch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Frank Lynch
ADDRESS: Mtn. Grove, Mo

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) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 2 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis — 1 week
DUE TO (c) Acute Nephritis — 2 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 590X
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* 12-7, 1955, *to* 1-18, 1956, *that I last saw the deceased alive on* 1-18, 1956, *and that death occurred at* 2:00 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: W. A. Craig D.O. (Degree or title)
23b. ADDRESS: Mountain Grove Mo
23c. DATE SIGNED: 1-23-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/21/1956
24c. NAME OF CEMETERY OR CREMATORY: Pleasant Hill Cemetery
24d. LOCATION (City, town, or county) (State): Texas County, Mo

DATE REC'D BY LOCAL REG.: 1-26-56
REGISTRAR'S SIGNATURE: A. B. Ames
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25. FUNERAL DIRECTOR'S SIGNATURE: George Stapp
ADDRESS: Mtn. Grove, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRIGHT CO. HEALTH DEPT.
County File Number 156-15
Date Filed JAN 31 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed George Stapp

Licensed Embalmer No. 3161

P. O. Address Mtn. Grove, T

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