

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8313**

FILED APR 11 1956
BIRTH NO. _____ REG. DIST. NO. **389** PRIMARY REG. DIST. NO. **5761** Registrar's No. **4**

1. PLACE OF DEATH a. COUNTY Callaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Callaway			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Bloomfield		c. LENGTH OF STAY (in this place) LIFE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Bloomfield		d. STREET ADDRESS (If rural, give location) 0140	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				3. NAME OF DECEASED (Type or Print) a. (First) Felix b. (Middle) Bennett c. (Last) Lynes			
4. DATE OF DEATH (Month) (Day) (Year) April 7 56		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH July 7-1895		9. AGE (in years last birthday) 60		IF UNDER 1 YEAR Days 9 Hours 0		IF UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Government Employee				10b. KIND OF BUSINESS OR INDUSTRY Service Station		11. BIRTHPLACE (State or foreign country) New Bloomfield Mo	
12. CITIZEN OF WHAT COUNTRY? USA				13a. FATHER'S NAME J. J. Lynes		13b. MOTHER'S MAIDEN NAME Mac Bennett	
14. NAME OF HUSBAND OR WIFE Alma Gray Lynes				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. 492-36-4104	
17. INFORMANT'S SIGNATURE OR NAME Thos F. B. Lynes				17. ADDRESS New Bloomfield		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Carcinoma Lung	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Lung				INTERVAL BETWEEN ONSET AND DEATH 2 years		MEDICAL CERTIFICATION	
*This does not mean the mode of dying, such as heart failure, asthemia, etc. It means the disease, injury, or complication which caused 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.	
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 March 19 56 , to April 7, 19 56 , that I last saw the deceased alive on April 7, 19 56 , and that death occurred at 8:45 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Leon G. Daylor M.D.				23b. ADDRESS New Bloomfield		23c. DATE SIGNED 4-9-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Apr 9-56		24c. NAME OF CEMETERY OR CREMATORY New Bloomfield Cent		24d. LOCATION (City, town, or county) (State) New Bloomfield Mo	
DATE REC'D BY LOCAL REG. Apr - 7 - 56		REGISTRAR'S SIGNATURE LeRoy Claypool		25. FUNERAL DIRECTOR'S SIGNATURE Holt-Claypool		ADDRESS New Bloomfield	

(Licensed Embalmer's Statement on Reverse Side)

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

MA 1
1956

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
Student Embalmer

Signed LeRoy Claypool

Licensed Embalmer No. 4412

P.O. Address New Bloomfield

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.