Health, Welfare Public Service

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1-56

FILED JUL 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 24775

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 254

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST FRANCOIS Bonne Terre — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BONNE TERRE HOSPITAL — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY ST. FRANCOIS
c. CITY OR TOWN NEAR FARMINGTON — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS St. Francois Twp. (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ROBERT Middle HENRY Last LYNN

4. DATE OF DEATH Month JULY Day 14 Year 1956

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH APRIL 23 1901
9. AGE (In years last birthday) 55 — IF UNDER 1 YEAR Months 2 Days 21 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOISTING ENGINEER
10b. KIND OF BUSINESS OR INDUSTRY ST JOE LEAD CO
11. BIRTHPLACE (City and state or country) FLAT RIVER MISSOURI
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME DANIEL LYNN
14. MOTHER'S MAIDEN NAME EVELINE PITTS

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. 489-09-7953
17. INFORMANT MARY LYNN Address FARMINGTON rt 1, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Thrombosis — 5 years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from March 1955 to July 14, 1956 and last saw ~~her~~ him alive on July 14, 1956
Death occurred at 8:10 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Alvan G Karraker M D (Degree or title)
22b. ADDRESS Farmington, Mo
22c. DATE SIGNED 7.16.56

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE JULY 17, 1956
23c. NAME OF CEMETERY OR CREMATORY WOODLAWN CEMETERY
23d. LOCATION (City, town, or county) (State) NEAR FARMINGTON MO

24. FUNERAL DIRECTOR COZEAN Funeral HOME ADDRESS FARMINGTON MO
25. DATE RECD. BY LOCAL REG. July 16, 1956
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed C H Cozean

Licensed Embalmer No. 40

P. O. Address Farmington

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.