

Health,
Welfare
Public
Service

300
1-56

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31252

STATE FILE NUMBER

FILED SEP 19 1956

Registration District No. 172 Primary Registration District No. 4269 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Corder</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Corder</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Corder</u>			Length of stay in lb	d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>Donald Leon Lynn</u>				4. DATE OF DEATH <u>Sept 8 - 1956</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Aug 30 1931</u>		9. AGE (In years last birthday) <u>25</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Construction Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction Work</u>		11. BIRTHPLACE (City and state or country) <u>Malta Bend Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Herbert N. Lynn</u>				14. MOTHER'S MAIDEN NAME <u>Flore E. Ford</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>192036-7100</u>		17. INFORMANT <u>Herbert N. Lynn Corder, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Compust Fr skull, @ Compust Fr left</u> <u>9 Fr right leg, 4 Fr Right</u> <u>This man was killed by a 9, 2 1/2 ton</u> <u>train at Corder Mo.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>35</u>						INTERVAL BETWEEN ONSET AND DEATH <u>802X</u>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Struck by a train</u>				
20c. TIME OF INJURY Hour _____ p. m. <u>9-8-56</u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, factory, street, office, etc.) <u>9 1/2 mi S of Corder Mo</u>		20f. CITY, TOWN, OR LOCATION <u>Corder Lafayette Mo</u>		STATE <u>Mo</u>	
21. I attended the deceased from <u>after death</u> on <u>9-8-56</u> and last saw <u>her</u> alive on _____ Death occurred at <u>about 5 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>W. J. Martin MD Coroner</u>				22b. ADDRESS <u>Odessa Mo</u>		22c. DATE SIGNED <u>9-8-56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>Sept 10 1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Corder Missouri</u>		
24. FUNERAL DIRECTOR <u>Ed Hader</u>		ADDRESS <u>Higginsville Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Sept 12-1956</u>	26. REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u>		

(Licensed Embalmer's Statement on Reverse Side)

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NOV 1 4 1957

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 *Tom L. Thurman*.....

Licensed Embalmer No. *456*

P. O. Address *Richmond*

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