

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 26 1956

34415

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 4237 Registrar's No. 452

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Raytown</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Raytown</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>8805 E. 71st. Terr.</b>		Length of stay in 1b <b>56 Yrs.</b>	d. STREET ADDRESS <b>8805 E. 71st. Terr.</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>Joseph</b> Last <b>LYNDON</b>			4. DATE OF DEATH Month <b>October</b> Day <b>14</b> Year <b>1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>3-9-1881</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Month <b>7</b> Days <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maintenance Man</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Loose-Wiles Co.</b>	11. BIRTHPLACE (City and state or country) <b>County Kerry, Ireland</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Thomas Lyndon</b>			14. MOTHER'S MAIDEN NAME <b>Johanna Ahern</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>487-10-7399</b>	17. INFORMANT Address <b>Mrs. Mary Lindon 8805 E. 71 Terr.</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bronchial pneumonia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Congestive heart failure</b> DUE TO (c) <b>Arteriosclerotic coronary heart disease</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>4201</b>					INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b> <b>7 mo</b> <b>3 years</b>
20a. ACCIDENT <input 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.)			
20c. TIME OF INJURY Hour <b>~</b> Month <b>~</b> Day <b>~</b> Year <b>~</b> a. m. <b>~</b> p. m. <b>~</b>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <b>19 Jan 55</b> to <b>8 Oct 56</b> and last saw <b>him</b> alive on <b>8 Oct 56</b> Death occurred at <b>Raytown Mo</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Jack M Davis M.D.</b>				22b. ADDRESS <b>Raytown MO</b>	
				22c. DATE SIGNED <b>15 Oct 56</b>	
23a. BURIAL CREATION, REMOVAL, (Specify) <b>Burial</b>		23b. DATE <b>10-16-56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
24. FUNERAL DIRECTOR <b>Mellody-McGilley-Eylar</b>			25. DATE RECD. BY LOCAL REG. <b>10-16-56</b>		26. REGISTRAR'S SIGNATURE <b>James Strain</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

DR. JACK DAVIS  
RAYTOWN CLINIC

FL 3-C100

1<sup>30</sup> PM - 5<sup>00</sup> PM MON

N.W. CORNER 63<sup>RD</sup> + RAYTOWN

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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 embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *James W. Wair*.....  
Licensed Embalmer No. *46*

P. O. Address *Kansas*.....

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.