

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No.

FILED NOV 7 - 1956

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 480

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Oklahoma b. COUNTY McIntosh	
b. CITY OR TOWN JOPLIN	c. LENGTH OF STAY (in this place) 1 WEEK	c. CITY OR TOWN Checotah	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		STREET ADDRESS (If rural, give location) Route 1	

3. NAME OF DECEASED (Type or Print)	a. (First) Mack	b. (Middle)	c. (Last) Lynch	4. DATE OF DEATH (Month) (Day) (Year) October 25, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH August 5, 1938	9. AGE (in years last birthday) 18	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HR. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Work	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Centrahoma, Oklahoma	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME W. F. Lynch	13b. MOTHER'S MAIDEN NAME Martha E. McCarty	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 445-38-0139	17. INFORMANT'S SIGNATURE OR NAME C. F. Lynch	ADDRESS Checotah, Oklahoma
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Centrauma	DUE TO (b) Thrombosis & rupture of bowel		6 days
ANTECEDENT CAUSES	DUE TO (c) Crushing injury, (stomach over body)		5 days
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS		7 days
Conditions contributing to the death but not related to the disease or condition causing death.	Multiple lacerations & contusions of left side of body		7 days

19a. DATE OF OPERATION 10-25-56	19b. MAJOR FINDINGS OF OPERATION See above	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 4 mi. West of Centra	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kia 935
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 18 1956	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Truck backed over his body
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22. I hereby certify that I attended the deceased from 10-24, 1956, to 10-25, 1956, that I last saw the deceased alive on 10-25, 1956, and that death occurred at 1 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Richard T. Smith MD	23b. ADDRESS Truist Bldg Joplin Mo	23c. DATE SIGNED 10-25-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10-25-56	24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery	24d. LOCATION (City, town, or county) (State) Checotah, Oklahoma
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DATE REC'D BY LOCAL REG. 10-29-56	REGISTRAR'S SIGNATURE Dove Merriam	25. FUNERAL DIRECTOR'S SIGNATURE Smith Funeral Home	ADDRESS Checotah, Okla.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

04402

DATE FILED
NOV 5 1956
56-11-871

1956
F. O. B. 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 _____
Signature of Student Embalmer

Signed _____
Date

Licensed Embalmer No. 459

P. O. Address _____
Joseph

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.