

S. No. 300  
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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 6 - 1957

State File No. **12501**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **71** PRIMARY REG. DIST. NO. **3012** Registrar's No. **32**

1. PLACE OF DEATH a. COUNTY <b>CLAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Ray</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>EXCELSIOR SPRINGS</b> c. LENGTH OF STAY (In this place) <b>6 yrs.</b>		c. CITY OR TOWN <b>HARDIN</b> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>SHARP NURSING HOME</b>		e. STREET ADDRESS (If rural, give location) <b>0890</b>	

3. NAME OF DECEASED a. (First) <b>KNOLTON</b> b. (Middle) <b>TIMOTHY</b> c. (Last) <b>LYNN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 2, 1957</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>April 4, 1872</b>		9. AGE (In years last birthday) <b>84</b>		IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>CHANDERVILLE, La.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>					

13a. FATHER'S NAME <b>CHARLES LYNN</b>		13b. MOTHER'S MAIDEN NAME <b>NANCY HARRISON</b>		14. NAME OF HUSBAND OR WIFE <b>CORDIA LYNN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Unknown</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>GLENN LYNN HARDIN, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar pneumonia.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Congestive Heart Failure</b> <b>2 weeks</b>	
		DUE TO (c) <b>Generalized Arteriosclerosis</b> <b>unknown</b>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Vitaminosis + Malnutrition</b>		<b>unknown</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <b>2</b> 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) m.		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 **July 1956**, to **April 2, 1957**, that I last saw the deceased alive on **April 1, 1957**, and that death occurred at **3<sup>30</sup> a. m.**, from the causes and on the date stated above.

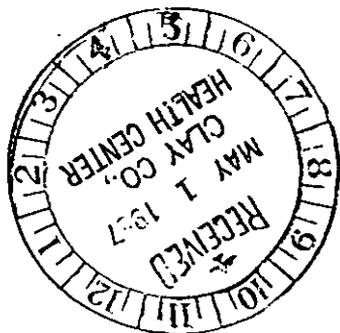
23a. SIGNATURE (Degree or title) <b>Ralph L. Nicholas</b>		23b. ADDRESS <b>Excelsior Springs, Mo.</b>		23c. DATE SIGNED <b>April 1957</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-4-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>SUNNY SLOPE</b>	
		24d. LOCATION (City, town, or county) (State) <b>RICHMOND, Mo.</b>			

DATE REC'D BY LOCAL REG. <b>4/30/57</b>		REGISTRAR'S SIGNATURE <b>Caroline Hutchings August Boudending</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Hardin, Mo.</b>	
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(Licensed Embalmers Statement on Reverse Side)

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

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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.....  
*August Borchering*

Licensed Embalmer No. *4678*

P. O. Address *Harden, W*

**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.**