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FILED JAN 8 1958

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REG.#15212

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

43620
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 80

1. PLACE OF DEATH
a. COUNTY: BUTLER
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): POPLAR BLUFF — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): VETERANS ADM.HOSPITAL — Length of stay in 1b: 72 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: OREGON
c. CITY OR TOWN: ALTON — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): ROUTE THREE — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: BEN Middle: (NMI) Last: LYNCH

4. DATE OF DEATH Month: DECEMBER Day: 18 Year: 1957

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: 10-27-05

9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: AGRICULTURE

11. BIRTHPLACE (City and state or country): THOMASVILLE, MISSOURI

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: LEE LYNCH

13b. MOTHER'S MAIDEN NAME: NORA NANEY

14. NAME OF HUSBAND OR WIFE: EDNA M. LYNCH

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WWII

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT Address: VA HOSPITAL RECORDS, POPLAR BLUFF, MO.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Hypostatic pneumonia,bilateral	4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cirrhosis of liver;Laennec&s type, severe	Unknown
DUE TO (c)	Diabetes mellitus, chronic	Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 260 X

19. WAS AUTOPSY PEREFORMED? YES [X] NO [ ] Yes

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 [ ] VA

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 October 7, 1957, to Dec. 18, 1957. Death occurred at 8:30 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. Lester Harwell — J. LESTER HARWELL, M. D.

22b. ADDRESS: VA HOSPITAL, POPLAR BLUFF, MO.

22c. DATE SIGNED: 12/18/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 12-19-57

23c. NAME OF CEMETERY OR CREMATORY: Alton Cem.

23d. LOCATION (City, town, or county) (State): Alton, Mo.

24. FUNERAL DIRECTOR Address: Frank-Cotrell Poplar Bluff, Mo.

25. DATE REC'D. BY LOCAL REG.: 12/18/57

26. REGISTRAR'S SIGNATURE: J. O. Murphree By

(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 causally related.

(21)
89-0

RECEIVED
JAN 3 1958
BUTLER CO. HEALTH CENTER
FILE No.

JAN 10 1958

MAY 12 1958

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 ..... Signed Charles E. Mungle
Signature of Student Embalmer

Licensed Embalmer No. 4877

P. O. Address Poplar Bluff

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.