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FILED APR 21 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-013326

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 402

1. PLACE OF DEATH a. COUNTY Buchanan	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan 0110
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Joseph — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN St. Joseph — Inside Limits Yes [ ] No [X]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Joseph's Hosp. — Length of stay in 1b 15 Yrs	d. STREET ADDRESS (If outside, give location) RFD # 3 (Green Acres) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print)	First: Marshall	Middle: Ashby	Last: Lynch	4. DATE OF DEATH Month Day Year: April 14, 1958
5. SEX: Male 0	6. COLOR OR RACE: White	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]	8. DATE OF BIRTH: August 13, 1878	9. AGE (In years last birthday): 79 — 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): Ret. (15) Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Gen. Farming	11. BIRTHPLACE (City and state or country): Agency, Mo. 0	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME: John Lynch	13b. MOTHER'S MAIDEN NAME: Rose Sheldon Connell	14. NAME OF HUSBAND OR WIFE: Margaret Lynch		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT: Gerald Lynch	Address: 2516 So. 22nd St. City	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral Hemorrhage with Right Hemiplegia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c) 331X

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

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 [ ]

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 4/12/58, to 4/14/58 and last saw him alive on 4/13/58

Death occurred at 2:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Drew W Craig M.D. 0	22b. ADDRESS: Social Welfare Board 10th & Olive, St. Joseph, Mo.	22c. DATE SIGNED: 4/15/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Apr. 16, 58	23c. NAME OF CEMETERY OR CREMATORY: St. Joseph's Cemetery	23d. LOCATION (City, town, or county) (State): Easton, Mo.
24. FUNERAL DIRECTOR: Herman Wm Sidenfaden	ADDRESS: St Joseph Mo	25. DATE RECD. BY LOCAL REG.: April 15, 1958	26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Robert K. Gaple

Licensed Embalmer No. 3308

P. O. Address St. Joseph, Mo.

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.