

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013648

STATE FILE NUMBER

FILED APR 25 1958

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 122

300
1-56

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Sherrill</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Still Osteopathic</u>		Length of stay in 1b <u>three weeks</u>	d. STREET ADDRESS (If outside, give location) <u>One mile north Sherrill</u>
3. NAME OF DECEASED (Type or print) First <u>IVY</u> Middle <u>ABIGAIL</u> Last <u>LYNCH</u>		4. DATE OF DEATH Month <u>April</u> Day <u>20th</u> Year <u>'58</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 5th 1890</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	9. AGE (In years last birthday) <u>68</u>
11. BIRTHPLACE (City and state or country) <u>Phelps County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>William Howard McGuire</u>		14. MOTHER'S MAIDEN NAME <u>Amanda Mace</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Howard Lynch, Sherrill, Missouri</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cachexia</u> <u>Carcinomatosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Primary carcinoma pancreas</u> DUE TO (c) <u>Primary carcinoma pancreas</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
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.) <u>157X</u>	
20c. TIME OF INJURY Hour <u>1:40</u> Month <u>April</u> Day <u>20</u> Year <u>1958</u> a. m. <u>A</u> p. m.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <u>Jefferson City</u>		COUNTY	STATE
21. I attended the deceased from <u>3/30/58</u> to <u>4/20/58</u> and last saw <u>her</u> alive on <u>4/20/58</u> . Death occurred at <u>1:40</u> <u>A</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>A. A. Michael D.O.</u>		22b. ADDRESS <u>Jefferson City</u>	
22c. DATE SIGNED <u>4/20/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>April 22nd '58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Hutchison Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Sherrill, Missouri</u>	
24. FUNERAL DIRECTOR <u>Smith-Ferguson Funeral Home, Licking, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>20 April 1958</u>	
ADDRESS		26. REGISTRAR'S SIGNATURE <u>R.P. Norris, Md.-Mr.</u>	

MAY 2 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.....
Signature of Student Embalmer

Signed *Donald P. Freeman*
Donald P. Freeman
Licensed Embalmer No..... 462

P. O. Address Jefferson City
Missouri

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.