

Health,
& Welfare
Public
Service

S. 300
1-57

All diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037268

STATE FILE NUMBER

FILED OCT 27 1958

Registration District No. 251

Primary Registration District No. 5853

Registrar's No. 302

1. PLACE OF DEATH a. COUNTY Nodaway			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wilcox		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Wilcox		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pete Perry Home		Length of stay in 1b	d. STREET ADDRESS none		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CLIFFORD Middle LYNCH Last LYNCH			4. DATE OF DEATH Month 10 Day 18 Year 58		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5/27/79	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 0 Days 0
IF UNDER 24 HRS. Hours 0 Min. 0	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postmaster-retired		10b. KIND OF BUSINESS OR INDUSTRY U. S. Government	11. BIRTHPLACE (City and state or country) Stark Co., Ill.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Simon Patrick Lynch		13b. MOTHER'S MAIDEN NAME Sarah Reines		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs. Pete Perry, Wilcox, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro-vascular thrombosis					INTERVAL BETWEEN ONSET AND DEATH ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis					?
DUE TO (c) 332X					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Coronary arteriosclerosis					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)			
20c. TIME OF INJURY Hour 6:15 a.m. 9/8/58 Month, Day, Year					
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	COUNTY	STATE	
21. I attended the deceased from 9/8/58 to 10/18/58 and last saw ^{her} him alive on 10/18/58 Death occurred at 6:15 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) B. P. Byland M. D.			22b. ADDRESS Marville, Missouri		22c. DATE SIGNED 10/20/58
23a. BURIAL, CREMATION, REMOVAL (Specify) buried	23b. DATE 10/20/58	23c. NAME OF CEMETERY OR CREMATORY Ohio	23d. LOCATION (City, town, or county) (State) Burlington Jct., Mo.		
24. FUNERAL DIRECTOR Price Funeral Home, Maryville, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 10-25-58	26. REGISTRAR'S SIGNATURE Bess Holt	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 *John W. Price*

Licensed Embalmer No. *4281*

P. O. Address *Maryville*

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.