

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039042

STATE FILE NUMBER

1293

FILED DEC 8 1958

Registration District No. 042

Primary Registration District No.

Registrar's No.

300
-57

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri		b. COUNTY Buchanan	
b. CITY OR TOWN Agency		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Agency	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b life		d. STREET ADDRESS (If outside, give location)	
				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last VIRGIL V. LYNCH			4. DATE OF DEATH Month Day Year Dec. 1, 1958		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 30, 1889	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (City and state or country) Agency, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME G. W. Lynch	13b. MOTHER'S MAIDEN NAME Mollie Gaston	14. NAME OF HUSBAND OR WIFE Effie
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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. none	17. INFORMANT Mrs. Effie Lynch, Agency, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH one hour	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary occlusion		one hour
	DUE TO (c)		
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 <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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	20f. CITY, TOWN, OR LOCATION Agency Buchanan Mo.	COUNTY Buchanan	STATE
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21. I attended the deceased from Death occurred at 6:00 p. on the date stated above; and to the best of my knowledge, from the causes stated.		and last saw him alive on Dec 2-58	
22a. SIGNATURE (Degree or title) S. E. Meluney M.D.	22b. ADDRESS St Joseph Mo 214 Kirkpatrick Bldg	22c. DATE SIGNED Dec 2-58	

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 12/4/1958	23c. NAME OF CEMETERY OR CREMATORY Agency Cemetery	23d. LOCATION (City, town, or county) (State) Agency Missouri
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24. FUNERAL DIRECTOR Heaton Bowman	ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. Dec 4, 1958	26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell
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MEDICAL CERTIFICATION
BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Dr. S. E. Meluney
USE ONLY

See Meeting

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 V. Henrich*
Licensed Embalmer No. *5848*
P. O. Address *K. C. 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.