

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028149

FILED 13 AUG 24 1959

Registration District No. **38** Primary Registration District No. **3056** Registrar's No. **385** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Length of stay in 1b Lifetime		c. CITY OR TOWN Columbia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 10 Sunset Lane			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1500 E. Broadway		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First ANNIE Middle LYNES Last LYNES				4. DATE OF DEATH Month August Day 19, Year 1959									
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11-27-1875		9. AGE (last birthday) 83		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home			10b. KIND OF BUSINESS OR INDUSTRY At Home			11. BIRTHPLACE (City and state or country) Boone Co., Missouri			12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME William Berkeley Estes				13b. MOTHER'S MAIDEN NAME Martha Dinwiddie				14. NAME OF HUSBAND OR WIFE Joe L. Lynes					
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 Leland J. Lynes, Columbia, 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) myocardial infarction DUE TO (b) arteriosclerosis extensive DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH 3 days			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) coronary arteriosclerosis										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 Month, Day, Year s.m. p.m.		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 1950 3:30 p.m. to Aug. 19-59 and last saw her alive on Aug. 11, 1959 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Date or title) James M. Baker M.D.						22b. ADDRESS Columbia, Mo.			22c. DATE SIGNED Aug 21 1959				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-21-1959		23c. NAME OF CEMETERY OR CREMATORY Olivet Cemetery				23d. LOCATION (City, town, county, state) Boone County, Missouri					
24. FUNERAL DIRECTOR Parker Funeral Service, Columbia, Mo.						25. DATE RECD. BY LOCAL REG. Aug 21 1959		26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1 6 1959

1887

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. W. Phillips

Licensed Embalmer No. 4897

P. O. Address

Columbus, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.