URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-009489

STATE FILE NUMBER

FILED VS FEB 26 1960 333

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 45

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Sikeston
Length of stay in 1b: 20 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Mo. Delta Hosp.
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Scott
c. CITY OR TOWN: Sikeston
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 318 Moore
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Harry Middle: Eugene Last: Lynn
4. DATE OF DEATH: Month 2 Day 14 Year 60
5. SEX: M
6. COLOR OR RACE: W
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-31-1890
9. AGE (last birthday): 70
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auditor
10b. KIND OF BUSINESS OR INDUSTRY: E.P. Coleman Co.
11. BIRTHPLACE (City and state or country): Columbia S.C.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Byron Lynn
13b. MOTHER'S MAIDEN NAME: Mary C. Lever
14. NAME OF HUSBAND OR WIFE: Ida Lee
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: 332-03-3862
17. INFORMANT: Mrs H.E. Lynn Address: Sikeston Mo

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): Acute Cor. Art. Occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Art. Scler. and H.C.V.D.
DUE TO (c): Diabete Mellitus.
INTERVAL BETWEEN ONSET AND DEATH: Instant.

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 1957, to 2.14.60 and last saw ~~him~~ him alive on 2.14.60
Death occurred at 9:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Carl G. Pogue M.D. (Degree or title)
22b. ADDRESS: Sikeston
22c. DATE SIGNED: 2.15.60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 2-16-1960
23c. NAME OF CEMETERY OR CREMATORY: City
23d. LOCATION (City, town, or county) (State): Andalusia Ala

24. FUNERAL DIRECTOR: Welch Funeral Home ADDRESS: Sikeston Mo
25. DATE RECD. BY LOCAL REG.: 2-15-60
26. REGISTRAR'S SIGNATURE: Mrs Ella Hunter

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

1960

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston

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