

R I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

LED VS SEP 8 1960

340

Primary Registration District No. 3075

Registrar's No. 74

-60-033523

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Stoddard				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dexter		Length of stay in 1b 10 months		c. CITY OR TOWN Dexter		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1101 Highway 60 East		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Della Middle Lynn Last Lynn				4. DATE OF DEATH Month Aug. Day 30, Year 1960					
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 12-23-1879	9. AGE (last birthday) 80-8	IF UNDER 1 YEAR Months 8 Days 7	IF UNDER 24 HR Hours 7 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired housekeeper			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Marion, Ky.		12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME Tom Lynn			13b. MOTHER'S MAIDEN NAME Malissa Rowland			14. NAME OF HUSBAND OR WIFE Richard H. Lynn (Dec'd)			
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. Mildred Hartman, Dexter, Mo.				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) Hemorrhage of brain							INTERVAL BETWEEN ONSET AND DEATH		
DUE TO (b) Cancer									
DUE TO (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							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 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 _____ a.m. _____ p.m. _____	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 April 15th , to Aug. 29th, 1960 and last saw her/him alive on Aug. 28th 60				Death occurred at 5:30 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>D. O. Cannon</i> (Degree or title)			22b. ADDRESS Dexter, Missouri			22c. DATE SIGNED 8-31-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-31-60	23c. NAME OF CEMETERY OR CREMATORY Garden of Memories		23d. LOCATION (City, town, or county) (State) Sikeston, Missouri					
24. FUNERAL DIRECTOR Strickland-Rainey		ADDRESS Dexter, Mo.		25. DATE RECD. BY LOCAL REG. 9-2-60		26. REGISTRAR'S SIGNATURE <i>Velma V. Jenkins</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Lucille Rainey

Licensed Embalmer No. 1983

P. O. Address Deputy, T

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.