

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041037

FILED VS NOV 28 1960

38

Primary Registration District No. 3006

Registrar's No. 650

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair									
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Length of stay in 1b 4 DAYS		c. CITY OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION UNIVERSITY OF MO. Medical Center			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 306 W NORMAL		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Everett Middle Russell Last Lynch				4. DATE OF DEATH Month 11 Day 23 Year 60									
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 5-15-10		9. AGE (last birthday) 50 IF UNDER 1 YEAR IF UNDER 24 HR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter			10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (City and state or country) Kirksville, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.						
13a. FATHER'S NAME Leander Lynch			13b. MOTHER'S MAIDEN NAME Aita Miles			14. NAME OF HUSBAND OR WIFE Mattie Lynch							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN			16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT Address UNIVERSITY OF MO. Medical Records								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subarachnoid hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None							INTERVAL BETWEEN ONSET AND DEATH 1 Week						
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> N/A		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) N/A							
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. N/A		Month, Day, Year N/A		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> N/A				20e. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) N/A		20f. CITY, TOWN, OR LOCATION N/A		COUNTY _____ STATE _____	
21. I attended the deceased from 11-19-60 to 11-23-60 and last saw her/him alive on 11-22-60 Death occurred at 5:45 4 m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Robert S. Bugant, M.D. (Degree or title)						22b. ADDRESS 6 West Dr. Columbia, Mo			22c. DATE SIGNED 11/23/60 (State)				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal			23b. DATE 11/23/1960		23c. NAME OF CEMETERY OR CREMATORY Bucklin, Missouri			23d. LOCATION (City, town, or county)					
24. FUNERAL DIRECTOR Lyman Sprinkle Columbia, Mo. ADDRESS					25. DATE RECD. BY LOCAL REG. Nov 23, 1960		26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer						

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 9 1961

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 Richard G. Leen

Licensed Embalmer No. 510

P. O. Address Columbia

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.