

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009299

STATE FILE NUMBER

Registration District No. 150 Primary Registration District No. 4240 Registrar's No. 24

AMENDED

FILED APR 6 1961

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BLUE SPRINGS</u>		Length of stay in lb <u>10 YRS</u>	c. CITY OR TOWN <u>BLUE SPRINGS</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>802 WALNUT.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>802 WALNUT</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>LYNN</u> Middle <u>H</u> Last <u>FROM</u>			4. DATE OF DEATH Month <u>3</u> Day <u>29</u> Year <u>61</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-1-1914</u>	9. AGE (last birthday) <u>46</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>LAKE CITY ARS. JEWELSBURG COL</u>	11. BIRTHPLACE (City and state or country) <u>U.S.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
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13a. FATHER'S NAME <u>HARVE FROM.</u>	13b. MOTHER'S MAIDEN NAME <u>MAINE DEFORD</u>	14. NAME OF HUSBAND OR WIFE <u>GERTRUDE FROM</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mrs Gertrude From Blue Springs</u> Address
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18. CAUSE OF DEATH (Enter only one cause by line fo. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 hr.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Bilateral Polycystic Kidneys congenital</u>	
	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
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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 a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from 12-16-57 to 3-29-61 and last saw ^{her}him live on 3-28-61
Death occurred at 12:35 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Merrill R. Baym, D</u> (Degree or title)	22b. ADDRESS <u>Blue Springs Mo</u>	22c. DATE SIGNED <u>3/29/61</u> (State)
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>3-31-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Blue Springs</u>	23d. LOCATION (City, town, or county) <u>Blue Springs Mo</u>
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24. FUNERAL DIRECTOR <u>Mayfield</u> ADDRESS <u>Blue Springs Mo</u>	25. DATE RECD. BY LOCAL REG. <u>3-31-1961</u>	26. REGISTRAR'S SIGNATURE <u>M. B. [Signature]</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

APR 6 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Charles E. Mayfield

Licensed Embalmer No. 463A

P. O. Address Blue Springs, 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.