

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13513

State File No.

FILED MAY 12 1952

8684

REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 478

BIRTH NO. 8684		REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 478	
1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE Missouri b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline		c. LENGTH OF STAY (in this place) 3 MO.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Francis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline 158-1	
3. NAME OF DECEASED (Type or Print) David Lynn		d. STREET ADDRESS (If rural, give location) 1403 N. Kansas	
5. SEX 0	6. COLOR OR RACE Male White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	4. DATE OF DEATH (Month) (Day) (Year) April 28, 1952
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		8. DATE OF BIRTH (Month) (Day) (Year) Jan. 4, 1952	
10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 3 Months 24 Days 0 Hours 0 Minutes	
13a. FATHER'S NAME Howard White		11. BIRTHPLACE (City and State or Foreign Country) Marceline, Missouri	
13b. MOTHER'S MAIDEN NAME Rosemary Coe		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Howard White		18. ADDRESS Marceline, Mo.	
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Severe TRACHEO BRONCHITIS 48 HRS.			
ANTECEDENT CAUSES E ENCEPHALITIS, VIRUS. ONE WK.			
Morbid conditions, if any, giving DUE TO (b) ANTECEDENT UPPER RESPIRATORY INFECTION			
the underlying cause last.			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 082X			
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME (Month) (Day) (Year) (Hour) m. WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		21e. INJURY OCCURRED	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased alive on 19, and that death occurred at m., from the causes and on the date stated above.			
23a. SIGNATURE Paul J. Berry Jr. (Degree or title)		23b. ADDRESS Marceline, Mo. 23c. DATE SIGNED 4-29-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/29/52	
24c. NAME OF CEMETERY OR CREMATORIAL Roselawn		24d. LOCATION (City, town, or county) (State) Marceline, Missouri	
DATE REC'D BY LOCAL REG. 4/29/52		REGISTRAR'S SIGNATURE 401	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
Mary Jane Owens		Jas McFaege Marceline Mo	
(Licensed Embalmer's Statement on Reverse Side)			

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 _____ X

..... Student Embalmer No. _____ X

working under my personal supervision.

Student X

Student Embalmer

Signed

George W. Davalk

4799

Licensed Embalmer No.

P. O. Address

Marceline, 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 this body is not embalmed, fact should be so stated above.