

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034556

FILED VS SEP 19 1960

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 225 STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Windsor Mo.</u>		Length of stay in 1b <u>80 yrs</u>	c. CITY OR TOWN <u>Windsor Mo.</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>104 N. Commercial St</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>104 N. Commercial St.</u>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First WILLIAM Middle A. Last LYNCH

4. DATE OF DEATH Month SEPT. Day 12 Year 1960

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH Jan. 19, 1867 9. AGE (last birthday) 93

IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired) Labourer 10b. KIND OF BUSINESS OR INDUSTRY Labourer 11. BIRTHPLACE (City and state and country) Kentucky 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Charles A. Lynch 13b. MOTHER'S MAIDEN NAME Minervia Smith 14. NAME OF HUSBAND OR WIFE Amenda Davis

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 Mrs W.A. Lynch Address Windsor Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Respiratory failure INTERVAL BETWEEN ONSET AND DEATH 10 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) extreme emaciation 6 months

DUE TO (c) old age & arteriosclerosis about 3-4 yrs

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. 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. 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 Sept 12, 1960 to Sept 12, 1960 and last saw her alive on Sept 12, 1960

Death occurred at 11:48 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles R. Simmons MD 22b. ADDRESS 114 N. Main, Windsor, Mo. 22c. DATE SIGNED 9-15-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Sept 14, 1960 23c. NAME OF CEMETERY OR CREMATORY Laurie Oak Cemetery 23d. LOCATION (City, town, or county) (State) Windsor Mo.

24. FUNERAL DIRECTOR Ellis M. Houston ADDRESS Windsor Mo 25. DATE RECD. BY LOCAL REG. Sept. 17, 1960 26. REGISTRAR'S SIGNATURE Waldred Bigum

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 4 1963

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 Ellis M. Houston

Licensed Embalmer No. 3391

P. O. Address Windsor

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.