. No. 300
. 10-48

FILED DEC 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36833

36

BIRTH NO. ______ REG. DIST. NO. 111 PRIMARY REG. DIST. NO. 5426 *Registrar's No.* 23

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY OR TOWN (If outside corporate limits write RURAL and give township) Catawissa
c. LENGTH OF STAY (in this place) 13 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Catawissa 36
d. STREET ADDRESS (If rural, give location) none

3. NAME OF DECEASED (*Type or Print*) a. (First) MARY b. (Middle) Gibson c. (Last) Lynch
4. DATE OF DEATH (Month) Nov. (Day) 16, (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH April 30, 1867
9. AGE (In years last birthday) 82 — If under 1 year: Months — Days — ; If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.
10b. KIND OF BUSINESS OR INDUSTRY at home.
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME William G. Scott
13b. MOTHER'S MAIDEN NAME Jennie Alcorn
14. NAME OF HUSBAND OR WIFE O. C. Lynch.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS O. C. Lynch, Catawissa, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	CONGESTIVE HEART Failure	4 yrs.
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Generalized arteriosclerosis; OSTEOARTHRITIS; osteomyelitis of the [illegible]	10 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
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 OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1946, *to* Nov 6, 1949, *that I last saw the deceased alive on* Nov 16, 1949, *and that death occurred at* 8 A *m., from the causes and on the date stated above.*

23a. SIGNATURE D. W. Easter MD (Degree or title)
23b. ADDRESS Pacific Mo
23c. DATE SIGNED 11/18/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov. 18 1949
24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery
24d. LOCATION (City, town, or county) (State) Robertsville Mo.

DATE REC'D BY LOCAL REG. Nov-18-49
REGISTRAR'S SIGNATURE Mary B Gross 94
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS Jno. L. Sheehes, Pacific Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED NOV 29 1949
District Health Office No. 9
District File Number

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 .....
Student Embalmer

Signed Jno. L Thiehes

Licensed Embalmer No. 3008

P. O. Address Pacific, M

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.