

FILED APR 18 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

136331

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4239 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lee's Summit</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lee's Summit</b>	
c. LENGTH OF STAY (in this place) <b>75 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>318 So. Green</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>318 So. Green</b>			

3. NAME OF DECEASED (Type or Print) <b>Mary Lynch George</b>			4. DATE OF DEATH <b>April 5, 1956</b>		
a. (First)	b. (Middle)		c. (Last)	7. DATE OF BIRTH <b>Feb. 11, 1874</b>	9. AGE (In years last birthday) <b>82</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Lee's Summit, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	13. FATHER'S NAME <b>Thomas L. Lynch</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah E. White</b>

13a. FATHER'S NAME <b>Thomas L. Lynch</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah E. White</b>	14. NAME OF HUSBAND OR WIFE <b>W.B. George (Dec.)</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Sarah Barnes, Lee's Summit, Mo.</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>10 months</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b>	DUE TO (b) <b>Arteriosclerosis Heart Disease 5 years</b>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	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 <b>none</b>	19b. MAJOR FINDINGS OF OPERATION. <b>none</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>	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) <b>none</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-22, 1954, to 4-5, 1956, that I last saw the deceased alive on 4-5, 1956, and that death occurred at 10:50 m., from the causes and on the date stated above.

23a. SIGNATURE <b>William F. Bell M.D.</b>	(Degree or title)	23b. ADDRESS <b>Lee's Summit Mo</b>	23c. DATE SIGNED <b>4-5-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>April 8, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lee's Summit Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Lee's Summit, Mo.</b>
DATE REC'D BY LOCAL REG. <b>4-7-56</b>	REGISTRAR'S SIGNATURE <b>N. B. Langsford</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Langsford Funeral Home, Lee's Summit</b>	ADDRESS <b>Mo.</b>

(Licensed Embalmer's Statement on Reverse Side)

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

APR 18 1938

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 *N. B. Langford Jr.*  
Licensed Embalmer No. 4962

P. O. Address Lee's Summit, 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.