

STANDARD CERTIFICATE OF DEATH

State File No. **28671**

FILED AUG 30 1955

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <b>6131</b>		Registrar's No. <b>329</b>	
1. PLACE OF DEATH a. COUNTY <b>SHANNON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>KAN.</b> b. COUNTY <b>OSAGE</b>			
b. CITY OR TOWN <b>TERESITA</b>		c. LENGTH OF STAY (In this place) <b>1 year</b>		c. CITY OR TOWN <b>OSAGE CITY</b>		d. In residence within limits of city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Montini Trp</b>				e. STREET ADDRESS (If rural, give location) _____		4. DATE OF DEATH (Month) (Day) (Year) <b>July 29 1955</b>	
3. NAME OF DECEASED (Type or Print) <b>CHARLEY</b>		a. (First)		b. (Middle)		c. (Last) <b>LYNCH</b>	
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>N.M.</b>		8. DATE OF BIRTH <b>Sept. 14-1890</b>	
9. AGE (In years last birthday) <b>64</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MINING</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>COAL MINE</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Osage City, KAN.</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Osage City, KAN.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>Patrick Lynch</b>		13b. MOTHER'S MAIDEN NAME <b>Bridget Galahager</b>	
13b. MOTHER'S MAIDEN NAME <b>Bridget Galahager</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>ANNA V. LYNCH</b>		17. INFORMANT'S SIGNATURE OR NAME <b>ANNA V. LYNCH</b>		17. INFORMANT'S ADDRESS <b>2700 Virginia - Topeka, Kan.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>			
				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.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) <b>1201</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at about <b>4 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>D. F. Wilson</b>		b. (Degree or title) <b>D.O. Coronor Shannon County</b>		23b. ADDRESS <b>Ermine Mo</b>		23c. DATE SIGNED <b>8-23-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Aug. 5-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>City</b>		24d. LOCATION (City, town, or county) (State) <b>OSAGE CITY, KAN.</b>	
DATE REC'D BY LOCAL REG. <b>8-29-1955</b>		REGISTRAR'S SIGNATURE <b>Malcolm R...</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>447</b>		ADDRESS <b>DUNCAN'S MtN. View, Mo.</b>	

SEP 0 1945

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 *Joe P. Sunman*..... Licensed Embalmer No. *432*..... P. O. Address *Wt. New York*.....

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.