경영하는 경영화 그는 요마일이 가난 경우 경우를 가는 것이 없다는 그 사람들이 없다.		-04 CERTIFICAT	2. USUAL RESIDENCE (Where dec	and the second s	residence before admi	50759
I. PLACE OF DEATH a. COUNTY Collin			a: STATE Texas b. COUNTY DAllas			
b. CITY OR TOWN (If o	utside city limits, give precinct no.)	c. LENGTH OF STAY	c. CITY OR TOWN (If outside	de city limits, give precinc	t no.)	
Plano 1 day			Mesquite			
d/NAME OF (If not in hospital, give street address) HOSPITAL OR FAA FAA FAA			d. STREET ADDRESS (If rural, give location)			
INSTITUTION FI	M 544 and Pre	ston Rd.	2018	Rayburn		
e. IS PLACE OF DEATH	INSIDE CITY LIMITS?		e. IS RESIDENCE INSIDE C	CITY LIMITS?	f. 15 RESIDENCE ON	N A FARM?
	YES X	NO□	YES 🛣	NO□	YES□	NO
DECEASED) First	(b) Middle	(c) Last	4. DATE OF DEATH	1070	
(Type or print) Mat	:t	Danny	Lynch, Jr.	June 30	to a discount of the second	The Control of the
SEX	6. COLOR OR RACE	7. Married Never Married	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days	Hours Mine
Male	White	Widowed Divorced X	Feb. 7, 1926	52		
	ive kind of work done 10b. KIND OF		11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF W	HAT COUNTRY?
Ins. Agent Mutual of N.Y. S. FATHER'S NAME Matt Danny Lynch, Sr.			- Dallas, Texas USA			
			14. MOTHER'S MAIDEN NAME			
			Louise Williamson			
. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.			17. INFORMANT			
s, no, or unknown) (If yes,	give war or dates of service)	454-36-1169	Patricia I	Hayes, daug	hter	
stating the under- lying cause last.	DUE TO (c	HEALTH]				
	NIFICANT ADDITIONING IS CONTRI	BUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE	CONDITION GIVEN II	N PART I(a) 19.	WAS AUTOPSY
PARTHE OTHER SIG	3 DELVILLE					
PARTHE OTHER SIG	5 DELY.				Y	FORMED?
PARTHE OTHER SIGNEXAS	BUIGHOUG THOMICIDE 120L	DESCRIBE HOW NURY OCCU				FORMED?
TEXAS	BUIGHOUGH THOMICIDE 120L	· A BALL PIET				FORMED?
20a. ACCIDENTECT	BUIGHOUGH THOMICIDE 120L	· A BALL PIET	URRED. (Enter nature of injury in Parautomoliile)			FORMED?
TEXAS	BUIGHOUGH THOMICIDE 120L	· A BALL PIET	automobile.			FORMED?
206. ACCIDENCECT 206. ACCIDENCECT 206. TIME O Hour INJURY 30 p.m. 20d. INJURY OCCURRED	AUIONUG THOMICIDE 201	with Ceme	automobile.	accident	in Co	FORMED?
20a. ACCIDENCECT	AUGHOLIG FLOMICIDE 201 AUGHOLIG FLOMICID 201 AUGHOLIG FLOMICID 201 AUGHOLIG FLOMICID 201 AU	with Ceme	automobile.	accident	in Co	FORMED? (ES) NO Plicion
20a. ACCIDENCECT 20c. TIME O Hour INJURY 30 p.m. 20d. INJURY OCCURRED WHILE AT WORK 21.	AUGHOUG HOMICIDE 20k AUGHOUG HOMICIDE 20k AUGHOUG STAT Month Day Feat Lo - 20 - 28 20e. PLACE OF INJURY (e.g. street, office bolding, etc.)	with Ceme	automobile.	accident	in Car	FORMED? (ES) NO PLICION STATE
20a. ACCIDENTECT 20a. ACCIDENTECT 20c. TIME OF Hour Hour INJURY 30 p.m. 20d. INJURY OCCURRED WHILE AT NOT WHILE AT WORK	AUGHOUG HOMICIDE 20k AUGHOUG HOMICIDE 20k AUGHOUG STAT Month Day Feat Lo - 20 - 28 20e. PLACE OF INJURY (e.g. street, office bolding, etc.)	with Ceme	of truck. of CITY, TOWN, OR LOCATION Plane-	count Collin	1 - Op	FORMED? (ES) NO STATE Reface saw the deceased
20a. ACCIDENTECT 20a. TIME OF Hour Hour INJURY 30 p.m. 20d. INJURY OCCURRED WHILE AT NOT WHILE AT WORK 21.	AUGHOUG HOMICIDE 20k AUGHOUG HOMICIDE 20k AUGHOUG STAT Month Day Feat Lo - 20 - 28 20e. PLACE OF INJURY (e.g. street, office bolding, etc.)	istics curelined with Ceme in or about home, farm, factory, 20 c.) Left 6-36 Death occurred at 4	of truck. of CITY, TOWN, OR LOCATION Plane-	accident	Y Control of the last best of my knowledge	STATE St
20a. ACCIDENTECT 20c. TIME OF Hour INJURY 30 p.m. 20d. INJURY OCCURRED WHILE AT NOT WHILE AT WORK 21. I hereby certify that I at on 222. SIGNATURE	AUGHOUGH HOMICIDE 20k AUGHOUGH STAT Month Day Fed AUGHOUGH STAT Month Day Fed AUGHOUGH STAT AUGHOUGH STAT AUGHOUGH STAT 20e. PLACE OF INJURY (e.g. street, office bolding, etc. stree	istics curelined with Ceme in or about home, farm, factory, 20 c.) Death occurred at 4 (Degree or title) 22	of City, Town, OR LOCATION Plane 1978 to m. on the date s 2b. ADDRESS	count Collins	19 and last best of my knowledge	FORMED? (ES) NO STATE State saw the deceased from the causes s
20a. ACCIDENTECT 20a. ACCIDENTECT 20c. TIME OF Hour Hour INJURY 30 p.m. 20d. INJURY OCCURRED WHILE AT NOT WHILE AT WORK 21. I hereby certify that I at on 122 SIGNATURE COMMOND AT TORRED BURLAL, CREMATION, RE	AL OF VITAL STAT Month De PLACE OF INJURY (e.g. street, office balding, etc. street, office balding, e	istics welved with Ceme a., in or about home, farm, factory, 20 c.) Party Le -, 3 b Death occurred at 4 (Degree or title) ATE	automobile of. CITY, TOWN, OR LOCATION Plane 1978 to The on the date of the contract of t	COUNT	19 and last best of my knowledge	STATE St
20a. ACCIDENTECT 20c. TIME OF Hour INJURY 30 p.m. 20d. INJURY OCCURRED WHILE AT NOT WHILE AT WORK 21. I hereby certify that I at on 222. SIGNATURE	AL OF VITAL STAT Month De PLACE OF INJURY (e.g. street, office balding, etc. street, office balding, e	istics curelined with Ceme in or about home, farm, factory, 20 c.) Death occurred at 4 (Degree or title) 22	of City, Town, OR LOCATION Plane 1978 to m. on the date s 2b. ADDRESS	COUNT	19 and last best of my knowledge	STATE St
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20a. ACCIDENTECT 20a. ACCIDENTECT 20c. TIME OF Hour Hour INJURY 30 p.m. 20d. INJURY OCCURRED WHILE AT NOT WHILE AT WORK 21. I hereby certify that I at on 22a SIGNATURE DIVINITY OCCURRED AT WORK BURLAL, CREMATION, REBURIA I	ALL OF VITAL STATE AND OF VITAL STATE Month Department of the street of Injury (e.g. street, office balding, etc. street, office	Death occurred at 19 are 19 3, 1978	automobile of. CITY, TOWN, OR LOCATION Plane 2b. ADDRESS 2sc. NAME OF CEMETERY OR Restland Memory	count Collins Sold above, and to the Crematory orial Park	19 and last best of my knowledge	STATE St
20a. ACCIDENTECT 20c. TIME OF Hour INJURY 30 p.m. 20d. INJURY OCCURRED WHILE AT AT WORK 21. NOT WHILE AT WORK 21. I hereby certify that I at the service of the servic	ALL OF VITAL STATE AND OF VITAL STATE Month Department of the street of Injury (e.g. street, office balding, etc. street, office	Death occurred at 19 3, 1978 (State) (State) (State) (State) (State) (State) (State) (Carried at 1978) (State) (State)	automobile of. CITY, TOWN, OR LOCATION Plane 2b. ADDRESS 2sc. NAME OF CEMETERY OR Restland Memory	COUNT COUNT COUNT COLLEGE STATE OF THE PARK STATE CREMATORY Orial Park LATURE CASE STATE S	19 and last best of my knowledge	STATE STATE STATE Saw the deceased from the causes sele. DATE SIGNED T-1-70 RAL HOME