

FILED NOV 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **36039**

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

BIRTH NO. _____		REG. DIST. NO. <b>340</b>		PRIMARY REG. DIST. NO. <b>6152</b>		Registrar's No. <b>71</b>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <b>Stoddard</b>		b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural (Liberty)</b> )		a. STATE <b>Missouri</b>		b. COUNTY <b>Stoddard</b>	
c. LENGTH OF STAY (in this place) <b>life</b>		c. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural (Liberty)</b> )		c. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural (Liberty)</b> )		d. STREET ADDRESS (If rural, give location) <b>R.F.D. #2, Dexter</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Elmer</b>		b. (Middle)		c. (Last) <b>Lingo</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 23, 1949</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Feb 10, 1890</b>		9. AGE (In years last birthday) <b>59</b>		IF UNDER 1 YEAR Months <b>8</b> Days <b>13</b>		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Dexter, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
13a. FATHER'S NAME <b>J. A. Lingo</b>		13b. MOTHER'S MAIDEN NAME <b>Celia Fields</b>		14. NAME OF HUSBAND OR WIFE <b>Myrth Lingo</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Myrth Lingo, Dexter, 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>20 hr.</b>	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>					
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Concussion of Brain</b> DUE TO (c)					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)		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 <b>10/21</b> , 19 <b>49</b> to <b>10/23</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>10/22</b> , 19 <b>49</b> and that death occurred at <b>5:00</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>S.S. Davis M.D.</b> (Degree or title)				23b. ADDRESS <b>Dexter Mo.</b>		23c. DATE SIGNED <b>10/24/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-25-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Dexter</b>		24d. LOCATION (City, town, or county) (State) <b>Dexter, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>10-27-1949</b>		REGISTRAR'S SIGNATURE <b>Helma V. Jenkins</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Strickland-Rainey</b>		ADDRESS <b>Dexter, Mo.</b>	

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District Health Office No.

District File Number 449-11

Date Filed \_\_\_\_\_

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 \_\_\_\_\_

Licensed Embalmer No. 3479

P. O. Address \_\_\_\_\_

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.