

THE DIVISION OF HEALTH OF MASSACHUSETTS  
STANDARD CERTIFICATE OF DEATH

State File No. **17673**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **972** PRIMARY REG. DIST. NO. **3912** Registrar's No. **20**

1. PLACE OF DEATH a. COUNTY <b>Rennset</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <b>Massachusetts</b> b. COUNTY <b>Rennset</b>	
b. CITY OR TOWN <b>Steele</b>	c. LENGTH OF STAY (in this place) <b>16 years</b>	c. CITY OR TOWN <b>Steele</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Vergennes W.P.</b>		d. STREET ADDRESS (If rural, give location) <b>Route Vergennes W.P.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Joe</b> b. (Middle) <b>Lincoln</b> c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <b>5-5-50</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>3-4-1879</b>	9. AGE (In years last birthday) <b>71</b>	10. F UNDER 1 YEAR <b>21</b>	11. F UNDER 4 HRS. <b>21</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farm laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>Brighton Tenn</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>unknown</b>	13b. MOTHER'S MAIDEN NAME <b>unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Dealing Lincoln</b>
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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. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Upholier Lincoln Steele</b>	18. ADDRESS <b>Steele Mo</b>
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19. 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>410X</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Mitral Regurgitation</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Age</b> DUE TO (c) <b>Room</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Age + Hard Work</b>			

19a. DATE OF OPERATION <b>none</b>	19b. MAJOR FINDINGS OF OPERATION <b>none</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>No</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Steele Mo</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>no</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>none</b>
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22. I hereby certify that I attended the deceased from **1-1-49**, 19\_\_\_\_, to **5-5**, 19**50**, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **8:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Dr. M. Linn</b> (Degree or title)	23b. ADDRESS <b>Hollands Mo</b>	23c. DATE SIGNED <b>5-10-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>	24b. DATE <b>5-9-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Holly Grove</b>	24d. LOCATION (City, town, or county) (State) <b>Steele Mo</b>
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DATE REC'D BY LOCAL REG. <b>6-1-50</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b> ADDRESS <b>Steele Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6-50-157

**Pemiscot County Health Department**  
**JUN 6 REC'D**

**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

*John St German*

Licensed Embalmer No. 43155

P. O. Address Hwy 1, 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.