S. No. 300
v. 10.48

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FILED NOV 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34686

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 252

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moberly
c. LENGTH OF STAY (in this place) 4 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Woodland Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Cairo 1887
d. STREET ADDRESS (If rural, give location) RFD #2 Cairo

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) PRESTON c. (Last) LINGO

4. DATE OF DEATH (Month) (Day) (Year) October-28-1951

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH May-25-1887
9. AGE (In years last birthday) 64 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Macon County Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Lee Lingo
13b. MOTHER'S MAIDEN NAME Lillie Slaughter
14. NAME OF HUSBAND OR WIFE Opal May Lingo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Arthur L. Lingo Cairo ADDRESS Mo.

18. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage, Gastrointestinal from Esophageal varices. — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Jaundice — 9 weeks
DUE TO (c) Carcinoma Pancreas — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Oct 4-51
19b. MAJOR FINDINGS OF OPERATION Ca Pancreas 157X
20. AUTOPSY? YES ☐ 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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1-, 1951, to Oct 28, 1951, that I last saw the deceased alive on Oct 27, 1951, and that death occurred at 1:45A m., from the causes and on the date stated above.

23a. SIGNATURE H. Lowell E. (Degree or title) MD
23b. ADDRESS Moberly Mo.
23c. DATE SIGNED Oct 29-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct-30-1951
24c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery
24d. LOCATION (City, town, or county) (State) Moberly Missouri

DATE REC'D BY LOCAL REG. Oct 30-51
REGISTRAR'S SIGNATURE Leah Williams Lowe
25. FUNERAL DIRECTOR'S SIGNATURE Snow Funeral Home ADDRESS Moberly Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: NOV 6 [redacted]
DISTRICT HEALTH OFFICE #2
District File Number 11-51-1975
Date Filed: NOV 8 [redacted]

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 R. M. Cater

Licensed Embalmer No. 4117

P. O. Address Moberly 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.