

FILED JAN 14 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 912

6396

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	
c. LENGTH OF STAY (in this place) <u>3 days</u>		1396	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St John's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2013 North Grant</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILL</u> b. (Middle) <u>A.</u> c. (Last) <u>LINCOLN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 3 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 31, 1886</u>
9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 18 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Abstract Co. (owner)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Abstract Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Springfield, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Azariah William Lincoln</u>	
13b. MOTHER'S MAIDEN NAME <u>Jennie Adams</u>		14. NAME OF HUSBAND OR WIFE <u>Lucille Lincoln</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lucille Lincoln, Springfield, Mo.</u>		ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolus</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u> ANTECEDENT CAUSES DUE TO (b) <u>Rheumatic Heart Disease</u> ? 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? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		416X	
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 <u>12-8-1947</u> , to <u>Jan 3, 1952</u> , that I last saw the deceased alive on <u>Jan 3, 1952</u> ; and that death occurred at <u>3:25P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. P. Maddox</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>609 Cherry, Springfield, Mo.</u>	
23c. DATE SIGNED <u>Jan 5, 1952</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Jan 6, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park Cemetery</u>	
24d. LOCATION (City, town, or county) <u>Springfield, Mo.</u>		(State) _____	
DATE REC'D BY LOCAL REG. <u>1-7-52</u>		REGISTRAR'S SIGNATURE <u>James H. Anderson</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Schmeizer</u>		ADDRESS <u>Springfield, Mo.</u>	

Parks  
Prof Bldg

MAY 31 1956

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.....

working under my personal supervision.

Student Embalmer No.....

Signed James W. Warr

Signed.....  
Student Embalmer

Licensed Embalmer No. 4650

P. O. Address Springfield, 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.