No. 300
10-48

FILED JUN 23 1953

STANDARD CERTIFICATE OF DEATH

State File No. 20683

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5112 Registrar's No. 42

90 / 1

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

1. PLACE OF DEATH
a. COUNTY: BOLLINGER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL LORANCE Twp
c. LENGTH OF STAY (In this place): LIFETIME
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NEAR GLEN ALLEN

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: BOLLINGER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL LORANCE Twp 0090
d. STREET ADDRESS (If rural, give location): NEAR GLEN ALLEN

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) ERNEST c. (Last) LINCOLN

4. DATE OF DEATH: (Month) 6 (Day) 16 (Year) 53

5. SEX: M.

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 3-14-1902

9. AGE (In years last birthday): 51 IF UNDER 1 YEAR Months: 3 Days: 2 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): BOLLINGER Co, Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: MILES LINCOLN

13b. MOTHER'S MAIDEN NAME: ROSA J. BERRY

14. NAME OF HUSBAND OR WIFE: BLANCHE LINCOLN

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 AND ADDRESS: BLANCHE LINCOLN GLEN ALLEN Mo.

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphatic Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 18 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
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: 2040

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* Sept 20, 1950, *to* June 16, 1953, *that I last saw the deceased alive on* June 15, 1953, *and that death occurred at* 1-15 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Everette L. Price D.O.

23b. ADDRESS: Lutesville, Mo.

23c. DATE SIGNED: 6-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 6-19-1953

24c. NAME OF CEMETERY OR CREMATORY: GLEN ALLEN CEM.

24d. LOCATION (City, town, or county) (State): GLEN ALLEN Mo.

DATE REC'D BY LOCAL REG.: 6-19-1953

REGISTRAR'S SIGNATURE: Willis VanCamp

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: BAKER FUNERAL HOME, LUTESVILLE, MO

(Licensed Embalmer's Statement on Reverse Side)

AUG 25 1950

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.