No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 28397

FILED AUG 24 1953

BIRTH NO. ____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 84

**1. PLACE OF DEATH**
a. COUNTY: Harrison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bethany Mo
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Harrison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bethany 0411
d. STREET ADDRESS (If rural, give location): 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): Emma
b. (Middle): Sarah Line
c. (Last): Lingle

**4. DATE OF DEATH** (Month) 8 (Day) 18 (Year) 53

**5. SEX:** F 1
**6. COLOR OR RACE:** W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed 2
**8. DATE OF BIRTH:** 12-16-81
**9. AGE** (In years last birthday): 71 — If under 1 year: Months 8, Days 2 — If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY:** Housewife
**11. BIRTHPLACE** (City and State or Foreign Country): Bethany Mo
**12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME:** John Jennings
**13b. MOTHER'S MAIDEN NAME:** Mary Jane King
**14. NAME OF HUSBAND OR WIFE:** Walter Thomas Lingle

**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:** Elmore Lingle — ADDRESS: St Joseph 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) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis — 5 yrs
DUE TO (c) Chronic Myocarditis — 5 "

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:** 4201
**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* 1-27, 1952, *to* 8-18-, 1953, *that I last saw the deceased alive on* 8-18, 1953, *and that death occurred at* 9:15 A m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): W F Hoy Cz MD
**23b. ADDRESS:** Bethany Mo
**23c. DATE SIGNED:** 8/20/53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE:** 8/20/53
**24c. NAME OF CEMETERY OR CREMATORY:** Miriam
**24d. LOCATION** (City, town, or county): Bethany (State): Mo.

**DATE REC'D BY LOCAL REG.:** 8/20/53
**REGISTRAR'S SIGNATURE:** Zola Burris 116
**25. FUNERAL DIRECTOR'S SIGNATURE:** S M Haas — ADDRESS: Bethany

(Licensed Embalmer's Statement on Reverse Side)

SEP 22 1953

## 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 S. M. Hass

Licensed Embalmer No. 1078

P. O. Address Bethany 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.