

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38871**

FILED DEC 14 1953

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <b>137</b>  |  | PRIMARY REG. DIST. NO. <b>3023</b>  |  | Registrar's No. <b>252</b>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Henry</b>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Mo</b> b. COUNTY <b>Henry</b>  |  |  |  |
| b. CITY OR TOWN <b>Clinton</b>   |  | c. LENGTH OF STAY (In this place) <b>all</b>   |  | c. CITY OR TOWN <b>Clinton Mo</b>   |  | d. STREET ADDRESS (If rural, give location) <b>417 S Carter</b>                  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Wetzel Hoyt</b>   |  |  |  | d. STREET ADDRESS (If rural, give location) <b>417 S Carter</b>   |  |  |  |
| 3. NAME OF DECEASED (Type or Print) <b>Claude</b>  |  | b. (Middle) <b>X</b>   |  | c. (Last) <b>Lingle</b>   |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 9 1953</b>                          |  |
| 5. SEX <b>Male</b>   |  | 6. COLOR OR RACE <b>white</b>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>   |  | 8. DATE OF BIRTH <b>10/24/1879</b>   |  |
| 9. AGE (In years last birthday) <b>74</b>  |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b> |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>Book Keeper</b>  |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Clinton Mo</b>             |  |
| 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>  |  | 13a. FATHER'S NAME <b>Harve Lingle</b>   |  | 13b. MOTHER'S MAIDEN NAME <b>Lillie Whitehead</b>   |  | 14. NAME OF HUSBAND OR WIFE <b>Cora Lingle</b>                                   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)   |  | 16. SOCIAL SECURITY NO. <b>500-22-3706</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Cora Lingle</b> ADDRESS <b>Clinton Mo</b>  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Medullary Paralysis</b><br>INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Cerebral thrombosis arteriosclerosis &amp; toxemia of prostate hypertrophy</b><br>DUE TO (c) <b>prostate hypertrophy</b> |  |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |  |  |   |  |  |  |
| 19a. DATE OF OPERATION <b>11-30-53</b>   |  | 19b. MAJOR FINDINGS OF OPERATION <b>Prostate hypertrophy</b>   |  |   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 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 <b>11-23</b> , 1953, to <b>12-9</b> , 1953, that I last saw the deceased alive on <b>12-9</b> , 1953, and that death occurred at <b>1:25 P.M.</b> , from the causes and on the date stated above. |  |  |  |   |  |  |  |
| 23a. SIGNATURE <b>Edna West</b> (Signature title)  |  |  |  | 23b. ADDRESS <b>Clinton Mo</b>  |  | 23c. DATE SIGNED <b>12-11-53</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)  |  | 24b. DATE <b>12/11/53</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Englewood</b>   |  | 24d. LOCATION (City, town, or county) (State) <b>Clinton Mo</b>                  |  |
| DATE REC'D BY LOCAL REG. <b>Dec-11-53</b>  |  | REGISTRAR'S SIGNATURE <b>L. Lawrence Adair</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Consoalus</b>   |  | ADDRESS <b>Clinton Mo</b>  |  |

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

**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 Eugene R. Cousal

Licensed Embalmer No. 4680

P. O. Address Clinton, 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.