

FILED MAY 17 1954

THE DIVISION OF HEALTH - MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **15546**

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 474

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) <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>Lifetime</u>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1027 West High</u>		e. STREET ADDRESS (If rural, give location) <u>1027 West High</u>	

3. NAME OF DECEASED (Type or Print) <u>WILLIAM B. LINCOLN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 14 1954</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>January 28, 1910</u>	9. AGE (In years last birthday) <u>44</u>	# UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mgr Abstract Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Abstract Co</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Springfield, Missouri</u>	
13a. FATHER'S NAME <u>William A. Lincoln</u>			13b. MOTHER'S MAIDEN NAME <u>Pauline Burns</u>		14. NAME OF HUSBAND OR WIFE <u>Marion Lincoln</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Marion Lincoln, Springfield, Missouri</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)					

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>alcoholism, acute</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>alcoholism, chronic, recurrent</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 <u>3221</u>	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 27 Mar 1948, to 14 May 1954, that I last saw the deceased alive on 29 March 1953, and that death occurred at 8:45P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Jewell E. Wendle</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>1630 N. Jefferson</u>	23c. DATE SIGNED <u>15 May 54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 17, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>		

DATE REC'D BY LOCAL REG. <u>5-15-54</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Jewell E. Wendle</u>	ADDRESS <u>Springfield, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 9 0 1955

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
Signature of Student Embalmer

Signed *Carl J. Glenn*

Licensed Embalmer No. 470

P. O. Address *Springfield*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.