

FILED FEB 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **1797**

BIRTH NO. _____		REG. DIST. NO. 170		PRIMARY REG. DIST. NO. 3033		Registrar's No. 15		
1. PLACE OF DEATH a. COUNTY Laclede				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Laclede				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Lebanon		d. Is 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 Wallace Memo. Hosp.				STREET ADDRESS (If rural, give location) 480 S. Adams				
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) E c. (Last) Lingsweiler			4. DATE OF DEATH Feb. 2 1956 (Month) (Day) (Year)					
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Mar. 1 1872		
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumber Dealer Retd.			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Lebanon Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME J. G. Lingsweiler			13b. MOTHER'S MAIDEN NAME Emma Ostrander			14. NAME OF HUSBAND OR WIFE Ella Lingsweiler		
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. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Fred Aab Springfield 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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, Lobar 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. Contusions, face 490x F					INTERVAL BETWEEN ONSET AND DEATH 2 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) Lebanon (COUNTY) Laclede (STATE) Mo.				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 30 1956		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell on floor of his residence.				
22. I hereby certify that lasted deceased from 3-1 1955 to 2-2 1956 , that I last saw the deceased alive on 2/2 1956 and that death occurred at 10.00P. , from the causes and on the date stated above.								
23a. SIGNATURE F. H. Johnson (Degree or title) MD				23b. ADDRESS Lebanon Mo		23c. DATE SIGNED 2-4-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 2/5/56		24c. NAME OF CEMETERY OR CREMATORY Lebanon		24d. LOCATION (City, town, or county) (State) Lebanon Mo.		
DATE REC'D BY LOCAL REG. 2-5-1956		REGISTRAR'S SIGNATURE Hella S. Hays		424 FUNDRAISER'S SIGNATURE S. R. Palmer		ADDRESS Lebanon Mo.		

Received 2-11-56
Laclede County Health Unit
File No. 15
Date Filed 2-11-56

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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: J. P. Palmer

Licensed Embalmer No... 224
P.O. Address Lebanon

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.