

FILED OCT 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31320**

BIRTH NO. _____ REG. DIST. NO. **385** PRIMARY REG. DIST. NO. **3039** Registrar's No. **280**

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon	
b. CITY OR TOWN Marceline		c. CITY OR TOWN New Cambria	
c. LENGTH OF STAY (in this place) 4 da.		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) Alexander	c. (Last) Lingo	4. DATE OF DEATH (Month) (Day) (Year) Sep. 23, 1956
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5. SEX M.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 6, 1975	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 7 Days 17	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming-Retired	10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (State or foreign country) Macon County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME John Lingo	13b. MOTHER'S MAIDEN NAME Rachel Baker	14. NAME OF HUSBAND OR WIFE Medora E. Stephenson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. No.	17. INFORMANT'S SIGNATURE OR NAME Lester N. Lingo, New Cambria, Mo.	ADDRESS New Cambria, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Minute)	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 **9-20-56**, 19____, to **9-22-56**, 19____, that I last saw the deceased alive on **9-22-56**, 19____, and that death occurred at **3:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.S. Cooper, M.D.	23b. ADDRESS Marceline, Mo.	23c. DATE SIGNED 9-25-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sep. 26, 1956	24c. NAME OF CEMETERY OR CREMATORY New Cambria	24d. LOCATION (City, town, or county) (State) New Cambria, Mo.
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DATE REC'D BY LOCAL REG. Sept 26-1956	REGISTRAR'S SIGNATURE Brookie Owens	25. FUNERAL DIRECTOR'S SIGNATURE H.H. Hilliard	ADDRESS New Cambria Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

530

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.

Signed.....
Student Embalmer

Signed *Howard F Myers*.....

Licensed Embalmer No. *12494*.....

P. O. Address *Marion 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.