

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57022167  
STATE FILE NUMBER

FILED JUL 10 1957

Registration District No. 291 Primary Registration District No. 5997 Registrar's No. 38

Death, illness, or other cause of death must be stated. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Putnam				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Putnam					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wilson Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Unionville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route 1 Unionville			Length of stay in lb 7 Years		d. STREET ADDRESS Wilson Township		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Robert Middle Noah Last Lingenfelter				4. DATE OF DEATH Month June Day 27 Year 1957					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 28, 1890		9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months 7 Days 29 IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Hand			10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Putnam County, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME Siegel Lingenfelter				14. MOTHER'S MAIDEN NAME Ida Smith					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No			16. SOCIAL SECURITY NO. 489-36-2623		17. INFORMANT Mr. John Sheely Unionville, Mo. R. R. 1			Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO (b) Hypertension & Chronic DUE TO (c) Valvular Disease, with edema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 4201							INTERVAL BETWEEN ONSET AND DEATH 9 years		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from June 16, 57, to June 27, 1957 and last saw her alive on June 27, 57. Death occurred at 10:45 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE J. W. Gallium (Degree or title)				22b. ADDRESS Unionville, Missouri			22c. DATE SIGNED 6/29/57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-30-1957		23c. NAME OF CEMETERY OR CREMATORY Unionville, Cemetery		23d. LOCATION (City, town, or county) (State) Unionville, Missouri			
24. FUNERAL DIRECTOR Comstock Funeral Home By: John A. Comstock ADDRESS				25. DATE RECD. BY LOCAL REG. 7-6-57		26. REGISTRAR'S SIGNATURE Marcell Durbin			

(Licensed Embalmer's Statement on Reverse Side)

JUL 15 1957

**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..... *John W. Comstock*

Licensed Embalmer No. *38*

P. O. Address *Thionville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.