

Health, Welfare
Public
Service

STANDARD CERTIFICATE OF DEATH

370273886
STATE FILE NUMBER

FILED SEP 5 1957

Registration District No. 4 Primary Registration District No. 4014 Registrar's No. 84

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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 Atchison			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Atchison		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fairfax		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Rock Port.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fairfax Community			Length of stay in lb 2 hrs.		d. STREET ADDRESS (If outside, give location) none
3. NAME OF DECEASED (Type or print) First Cecil Middle Kelly Last Lingerfelt			4. DATE OF DEATH Month 8 Day 30 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-19-1901	9. AGE (In years last birthday) 55 IF UNDER 1 YEAR: Months 10 Days 11 IF UNDER 24 HRS.: Hours 11 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY General		11. BIRTHPLACE (City and state or country) Jasper, Ark.	
13. FATHER'S NAME Andrew Lingerfelt			14. MOTHER'S MAIDEN NAME Palina Carlton		
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. 496-07-6654		17. INFORMANT Roy Lingerfelt. Address Rock Port.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INTRACRANIAL Hemorrhage					INTERVAL BETWEEN ONSET AND DEATH 2 HRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Gun shot wound to Left Temple					2 HRS.
DUE TO (c) Depression secondary to Alcoholism.					6 Mos.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 22 Cal. Rifle fired into left Temple.		
20c. TIME OF INJURY Hour 12:05 a. m. p. m. Month, Day, Year 8 30 57					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) In Auto at Home		20f. CITY, TOWN, OR LOCATION COUNTY STATE Rock Port Atchison Mo.	
21. I attended the deceased from Not Seen. to _____ and last saw her ^{him} alive on 8-30-57 Death occurred at 2:15 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) James R. Allan, M.D.			22b. ADDRESS Rock Port, Mo.		22c. DATE SIGNED 8-30-57
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 9-2-1957	23c. NAME OF CEMETERY OR CREMATORY Utterback Cem.		23d. LOCATION (City, town, or county) (State) Hamburg, Iowa
24. FUNERAL DIRECTOR Bartholomew Mortuary, Rockport.		25. DATE RECD. BY LOCAL REG. Sept 1, 1957		26. REGISTRAR'S SIGNATURE Harmin V. Schaefer	

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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.....

Ernst Berchtold

Licensed Embalmer No 3173

P. O. Address Rock Port.

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.