

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

228

STATE FILE NUMBER

FILED JAN 20 1958

Registration District No. 38 Primary Registration District No. 5120 Registrar's No. 22

| | | | | | | | | | | |
|--|--|---|--|--|---------------------------------|--|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Boone</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> | | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u> | | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN <u>Columbia</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Boone County Rest Home</u> | | | | Length of stay in 1b <u>1 yr</u> | | d. STREET ADDRESS (If outside, give location) <u>4 Mi. N.E. Columbia</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) First <u>Algier</u> Middle <u>Tilden</u> Last <u>Lingenfelter</u> | | | | 4. DATE OF DEATH Month <u>1</u> Day <u>13</u> Year <u>1958</u> | | | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>7-4-1875</u> | | 9. AGE (In years last birthday) <u>82</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> | IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u> | | 11. BIRTHPLACE (City and state or country) <u>Howard County Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | |
| 13. FATHER'S NAME <u>John O. Lingenfelter</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Mary Todd</u> | | | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | | | 16. SOCIAL SECURITY NO. <u>-----</u> | | 17. INFORMANT <u>Mrs Alta Lister, Columbia, Mo.</u> Address <u>-----</u> | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Septicaemia</u> | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u> | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Pressure sores on Back</u> | | | | | | | | <u>10 wks</u> | | |
| DUE TO (c) <u>Chronic Arthritis</u> | | | | | | | | <u>5 yrs</u> | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>725X</u> | | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u> | | |
| 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.) <u>-----</u> | | | | | | | |
| 20c. TIME OF INJURY Hour <u>-----</u> Month <u>-----</u> Day <u>-----</u> Year <u>-----</u> a. m. <u>-----</u> p. m. <u>-----</u> | | | | | | | | | | |
| 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.) <u>-----</u> | | 20f. CITY, TOWN, OR LOCATION <u>-----</u> | | COUNTY <u>-----</u> | | STATE <u>-----</u> | | |
| 21. I attended the deceased from <u>July - 1950</u> , to <u>Jan - 13 - 58</u> and last saw ^{her} _{him} alive on <u>Jan - 10 - 58</u> Death occurred at <u>5:00 p m on the date stated above; and to the best of my knowledge, from the causes stated.</u> | | | | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>F.C. Suggs M.D.</u> | | | | 22b. ADDRESS <u>Columbia Mo</u> | | | 22c. DATE SIGNED <u>1-15-58</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>1-16-1958</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>New Liberty</u> | | 23d. LOCATION (City, town, or county) (State) <u>Ashland, Missouri</u> | | | | |
| 24. FUNERAL DIRECTOR <u>Lyman Sprinkle, Columbia, Mo.</u> ADDRESS <u>-----</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>Jan. 15, 1958</u> | | 26. REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u> | | | | |

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, ~~or by~~, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Lynna H. Spunk

Licensed Embalmer No. *4*

P. O. Address *Columb*

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.