

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022469

STATE FILE NUMBER

FILED JUN 23 1958

Registration District No. 181

Primary Registration District No. 4293

Registrar's No. 38

300  
1-57

|  |                                  |   |  |
|--|----------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Lincoln</b>   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE<br><b>Missouri</b><br>b. COUNTY<br><b>Lincoln</b>           |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN<br><b>Elsberry</b>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN<br><b>Elsberry</b>                                     |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><b>Residence</b>   |                                  | Length of stay in lb<br><b>1 year</b>   | d. STREET (If outside, give location)<br>ADDRESS<br><b>104 Lincoln</b> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First Middle Last<br><b>Claudius Monroe Lincoln</b>  |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>June 3 1958</b>               |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>March 23, 1882</b>                              |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Insulator</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Insulation</b>  | 9. AGE (In years last birthday)<br><b>76</b>                           |
| 11. BIRTHPLACE (City and state or country)<br><b>Flat River, Missouri</b>  |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |  |
| 13a. FATHER'S NAME<br><b>George Mathes Lincoln</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b>   |  |
| 14. NAME OF HUSBAND OR WIFE<br><b>Laura Lincoln</b>  |                                  | 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>                                     |  |
| 16. SOCIAL SECURITY NO.<br><b>497-03-8901</b>  |                                  | 17. INFORMANT<br><b>Mrs. Laura Lincoln</b>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral Apoplexy</b><br>DUE TO (b) <b>Hypertension</b><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |                                  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 week</b><br><b>334 X</b>   |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                                  | 20a. ACCIDENT SUICIDE HOMICIDE<br><input type="checkbox"/> <input type="checkbox"/> <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<br>Hour Month, Day, Year<br>a.m.<br>p.m.  |  |
| 20d. INJURY OCCURRED WHILE AT <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 <b>1933</b> and last saw him alive on <b>6-2-57</b><br>Death occurred at <b>8:30 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.  |                                  |   |  |
| 22a. SIGNATURE<br><b>A. H. Callaway, D.O.</b>  |                                  | 22b. ADDRESS<br><b>Elsberry, Mo.</b>  |  |
| 22c. DATE SIGNED<br><b>6-5-58</b>  |                                  | 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  |
| 23b. DATE<br><b>June 5, 1958</b>   |                                  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>New Hope</b>   |  |
| 23d. LOCATION (City, town, or county)<br><b>New Hope, Missouri</b>   |                                  | 24. FUNERAL DIRECTOR<br>ADDRESS<br><b>Ricks Funeral Home Elsberry, Missouri</b>   |  |
| 25. DATE RECD. BY LOCAL REG.<br><b>6/20/1958</b>   |                                  | 26. REGISTRAR'S SIGNATURE<br><b>Mrs. Clarence Kientz</b>  |  |

(Licensed Embolmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Color, number, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

JUN 25 1958

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 Joseph J. Marsh Licensed Embalmer No. 3932 P. O. Address TROY, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.