

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-027170

STATE FILE NUMBER

Health,  
Welfare  
Public  
Service

87808-57

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7451

FILED AUG 11 1958

1. PLACE OF DEATH (Where deceased lived. If institution: Residence before admission)		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY CLENNON MEMORIAL HOSPITAL		a. STATE Missouri	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		b. COUNTY BOLLINGER	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 39 GLENNON MEMORIAL HOSPITAL		c. CITY OR TOWN BOLLINGER	
Length of stay in lb		d. STREET ADDRESS (If outside, give location)	
		31	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First RICKY			Month July		
Middle JOE			Day 29		
Last LINCOLN			Year 1958		
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 11-12-57	9. AGE (In years last birthday)	IF UNDER 1 YEAR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		Months	IF UNDER 24 HRS.
				8	Days
11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY?		Hours	Min.
M.O.					
13. FATHER'S NAME HENRY C. LINCOLN			14. MOTHER'S MAIDEN NAME DOROTHY STATLER		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT HENRY C. LINCOLN	
				Address BOLLINGER CO MO.	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH 1 month
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Disseminated histoplasmosis		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	134.2
	DUE TO (c)	
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 checked="" type="checkbox"/> NO <input type="checkbox"/>

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.)	
None		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
None		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION	20g. COUNTY STATE
I attended the deceased from 7/19/58 to 7/29/58 and last saw him alive on 7/24/58		
Death occurred at 4:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE James B King M.O.	22b. ADDRESS 1465 S. Grand Avenue	22c. DATE SIGNED 9/29/58

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
REMOVAL	7-31-58	PATTON METHODIST Cem	BOLLINGER Co Mo.
24. FUNERAL DIRECTOR W. Adamson	25. DATE RECD. BY LOCAL REG. JUL 31 '58	26. REGISTRAR'S SIGNATURE J. Carl Smith M.O.	

(Licensed Embalmer's Statement on Reverse Side)

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

300  
1-56

OCT 29 1958

OCT 29 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 *Nat Embalmed*  
*Per: V E Smith*

Licensed Embalmer No.....

P. O. Address .....

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.