

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032812
STATE FILE NUMBER

FILED OCT 1 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4277

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS City		c. CITY OR TOWN KANSAS City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL		d. STREET ADDRESS (If outside, give location) 2315 HARDESTY	
Length of stay in lb LIFE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last THOMAS G. LINCOLN			4. DATE OF DEATH Month Day Year SEPTEMBER 4 1958			
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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 JUNE 23, 1925	9. AGE (In years last birthday) 33	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ROUTE SALESMAN	10b. KIND OF BUSINESS OR INDUSTRY BUTTERNUT BREAD CO.	11. BIRTHPLACE (City and state or country) KANSAS City, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME CEPHUS LINCOLN	13b. MOTHER'S MAIDEN NAME MARIE THOMAS	14. NAME OF HUSBAND OR WIFE ELIZABETH LINCOLN
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR II	16. SOCIAL SECURITY NO. 495-20-0527	17. INFORMANT MRS. ELIZABETH LINCOLN, 2315 HARDESTY
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured Skull, Subdural Hematoma, Contusion of Brain tissue		INTERVAL BETWEEN ONSET AND DEATH 28 1/2 HRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) 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? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) 2 car collision
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20c. TIME OF INJURY 1:58 p.m. 9-4-58	20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) Highway	20f. CITY, TOWN, OR LOCATION Gardner, Johnson	COUNTY Kansas	STATE
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21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 9:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE D. W. Newcomer (Degree or title)	22b. ADDRESS 6627 Parcel Post Blvd	22c. DATE SIGNED 9-6-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE SEPT. 8, 1958	23c. NAME OF CEMETERY OR CREMATORY BROOKINGS CEMETERY	23d. LOCATION (City, town, or county) (State) RAYTOWN MISSOURI
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24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS, KANSAS City, Mo.	25. DATE RECD. BY LOCAL REG. 9-8-58	26. REGISTRAR'S SIGNATURE neva Marshall
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

S. 300
1-57

Geo. C. Kealhofer



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

Basil J. Bone

Licensed Embalmer No. *4724*

P. O. Address *N.C. 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.