

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-034453

STATE FILE NUMBER  
8161

FILED OCT 10 1958

Registration District No. \_\_\_\_\_

318

Primary Registration District No. \_\_\_\_\_

1003

Registrar's No. \_\_\_\_\_

8161

300  
1-57

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>Johnson</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Saint Louis</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Buncombe</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Luke's Hosp.</b>			Length of stay in lb <b>11 days</b>	d. STREET ADDRESS <b>Box 164</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>EARL</b> Middle <b>RAY</b> Last <b>LINGLE</b>				4. DATE OF DEATH Month <b>August</b> Day <b>21</b> Year <b>1958</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>June 20, 1941</b>		9. AGE (In years last birthday) <b>17</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>High School</b>		11. BIRTHPLACE (City and state or country) <b>Vienna, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Roy Lingle</b>			13b. MOTHER'S MAIDEN NAME <b>Pearl Prater</b>			14. NAME OF HUSBAND OR WIFE <b>- - -</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Not Available</b>		17. INFORMANT Address <b>Roy Lingle - Buncombe, Ill.</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bilateral Lobar Pneumonia</b> <b>Large hemorrhage at the occipital</b> <b>base of the right hemisphere.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) _____ DUE TO (c) _____ E822.432							INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Suffered when car which</b> <b>was on State Road Park in Lake Greendale</b> <b>on July 31, 1958, at about 4:30 p.m.</b> <b>812</b>							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. TIME OF INJURY <b>4:30 p.m.</b>	Hour _____ Month, Day, Year <b>7 31 58</b>	20c. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>32nd Road</b>		20d. CITY, TOWN, OR LOCATION <b>State Greendale, Illinois</b>		COUNTRY <b>Illinois</b>	STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>Patrick E. Taylor</b> (Degree or title) <b>Coroner</b>				22b. ADDRESS <b>1300 Clark</b>		22c. DATE SIGNED <b>8/22/58</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>8-22-58</b>	23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county) (State) <b>Vienna, Illinois</b>		
24. FUNERAL DIRECTOR <b>E. St. Louis, Ill.</b>			25. DATE RECD. BY LOCAL REG. <b>AUG 22 '58</b>		26. REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b> <b>S.P.</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

No symptoms will be listed.

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. *Not Embalmed*

Student ..... Signature of Student Embalmer

Signed *Joseph J. Kelly* ..... Licensed Embalmer No. *7541* .....

P. O. Address *E. St. Louis* .....

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.