

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040946

STATE FILE NUMBER

FILED NOV 24 1958

Registration District No. 272

Primary Registration District No. 4403

Registrar's No. 40

5. 300
1-57

1. PLACE OF DEATH a. COUNTY <i>Pemiscot</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Pemiscot</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Steele</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Steele</i> 0780 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb <i>12 pm</i>	d. STREET ADDRESS (If outside, give location) <i>So Walnut</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Bertie</i> Middle <i>Lincolnet</i> Last			4. DATE OF DEATH Month <i>10</i> Day <i>28</i> Year <i>58</i>
5. SEX <i>F</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>10-24-21</i>
9. AGE (In years last birthday) <i>37</i>		IF UNDER 1 YEAR Months <i>0</i> Days <i>4</i>	IF UNDER 24 HRS. Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Home work</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Cornith Miss'</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13a. FATHER'S NAME <i>Alford Glendon</i>	
13b. MOTHER'S MAIDEN NAME <i>Jessie Jones</i>		14. NAME OF HUSBAND OR WIFE <i>Roy Steed Lincolnet</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO. <i>OK</i>	INFORMANT <i>Roy Lincolnet</i> Address <i>Steele, Mo</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardio-pulmonary failure</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Ch. asthma, Emphysema-pul. fibrosis.</i> DUE TO (c) _____ 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 <i>241X</i>
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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		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.)		20f. CITY, TOWN, OR LOCATION <i>Steele</i> COUNTY <i>Pemiscot</i> STATE <i>MO</i>	
21. I attended the deceased from _____, to _____, and last saw ^{her} _{him} alive on _____ Death occurred at <i>9:30 A</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J. R. Chapman, M. D.</i> (Degree or title)		22b. ADDRESS <i>Steele, Mo</i>	22c. DATE SIGNED <i>11-3-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>10-30-58</i>	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR <i>German and Co</i> ADDRESS <i>Steele, Mo</i>		25. DATE RECD. BY LOCAL REG. <i>11-18-58</i>	26. REGISTRAR'S SIGNATURE <i>E. J. P. ...</i>

(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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

NOV 24 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 *Noel C. Dean*

Licensed Embalmer No. *3941*
P. O. Address *Caruthers*

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.