

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045337
State File No.

8
FILED DEC 16 1958

BIRTH NO. 94274-58 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6069 Registrar's No. 449

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>IRON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>IRON</u> <u>0940</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 MI. S. OF BISMARCK</u>		d. STREET ADDRESS (If rural, give location) <u>3 MI. S. OF BISMARCK</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBBIE</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>LINCOLN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 5 1958</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>DEC 5 1958</u>	9. AGE (In years last birthday) <u>0</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> IF UNDER 2 HRS. Hours <u>2</u> Min. <u>5</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>ST. FRANCOIS COUNTY, MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					

13a. FATHER'S NAME <u>WILLIAM LINCOLN</u>	13b. MOTHER'S MAIDEN NAME <u>LOLA DOWNS</u>	14. NAME OF HUSBAND OR WIFE <u>L</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>116</u>	17. INFORMANT'S SIGNATURE OR NAME <u>WM LINCOLN</u>	ADDRESS <u>BISMARCK MO</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature 6 mo</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Premature 6 mo</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>770X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov 5, 1958, to Dec 5, 1958, that I last saw the deceased alive on Dec 5, 1958, and that death occurred at 10:20 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edward M. Pott M.D.</u>	23b. ADDRESS <u>Bismarck Mo</u>	23c. DATE SIGNED <u>12-7-58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12-6-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>DOE RUN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>DOE RUN MO.</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 8, 1958</u>	REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>WHITE FUNERAL HOME</u>	ADDRESS <u>BISMARCK MO</u>
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

was not embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Basel White*

Licensed Embalmer No. *3012*

P. O. Address *Fronton 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 this body is not embalmed, fact should be so stated above.