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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-007372
STATE FILE NUMBER

FILED MAR 2 1959 Registration District No. .... Primary Registration District No. .... Registrar's 2 1647

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) ST. LOUIS — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN St.Louis — Inside Limits Yes [x] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 245 N. Union Blvd — Length of stay in 1b 7 yrs	d. STREET ADDRESS (If outside, give location) 245 N. Union Blvd — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Doniphan Middle Rice Last Lincoln.	4. DATE OF DEATH Month Feb. Day 14, Year 1959

5. SEX Male	6. COLOR OR RACE White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH Feb. 12, ~~1873~~ 1874	9. AGE (In years last birthday) 85 — 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) Retired;	10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. R.R. (Freight Dept.)	11. BIRTHPLACE (City and state or country) St.Joseph, Missouri.	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Isaac Wells Lincoln.	13b. MOTHER'S MAIDEN NAME Martha Gilkey.	14. NAME OF HUSBAND OR WIFE Barbara Hack Lincoln.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) none	16. SOCIAL SECURITY NO. no	17. INFORMANT Mrs.Barbara H.Lincoln; Address 245 N. Union Bl

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute myocarditis	1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arterial Sclerosis	5 yrs.
DUE TO (c)	450.0	

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 [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Natural Cause.

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 2 58 to Feb 14 59 and last saw him alive on Feb 13 59
Death occurred at .... m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Scott Neuer MD	22b. ADDRESS 634 N Grand.	22c. DATE SIGNED 2/14/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-17-1959	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	23d. LOCATION (City, town, or county) (State) St.Louis County, Missouri.

24. FUNERAL DIRECTOR ADDRESS C.R.Lupton & Sons; 7233 Delmar Blvd.	25. DATE RECD. BY LOCAL REG. FEB 16 '59	26. REGISTRAR'S SIGNATURE Earl Smith. M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON — TO REWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Item 11 Corrected by aff. of informant
Support # 11327 dated 4-20-1959
3-10-59 BCE

Lincoln
City Vise
Lincoln
(City Vase)

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 ..... Signed Clarence H. Murra

Signature of Student Embalmer

Licensed Embalmer No. 4011

P. O. Address St. Louis 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.