

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-034876

FILED VS SEP 20 1960

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 102 Registrar's No. 4549

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CLINTON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 5 HOURS	c. CITY OR TOWN PLATTSBURG
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR 529 HIGHLAND AVENUE INSTITUTION RALPH CLINIC		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 604 BROADWAY

3. NAME OF DECEASED (Type or print) First Middle Last Graham CULLEN Lincoln			4. DATE OF DEATH Month Day Year SEPTEMBER 6 1960		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH DEC. 2, 1890	9. AGE (last birthday) 78 69	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY CATTLE	11. BIRTHPLACE (City and state or country) CLINTON COUNTY NEAR PLATTSBURG, MISSOURI	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME JOHN K LINCOLN, JR.	13b. MOTHER'S MAIDEN NAME BASH WINGATE	14. NAME OF HUSBAND OR WIFE
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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) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT GORDON STARK	Address 421 WEST 58TH STREET KANSAS CITY, MISSOURI
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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) Pulmonary Edema. DUE TO (b) Arteriosclerotic Cardio-Vascular Disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 10 hours 3 years.
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Circulosis, hepatic.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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 COUNTY STATE
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21. I attended the deceased from 1957. to 9-6-60 and last saw her him alive on 9-5-60. Death occurred at 12:04 A. m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE P. L. Byers M.D.	22b. ADDRESS 4635 Wyandotte, R.C. 12, Mo.	22c. DATE SIGNED 9/6/60.
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE SEPT. 6, 1960	23c. NAME OF CEMETERY OR CREMATION PLATTSBURG CEMETERY	23d. LOCATION (City, town, or county) PLATTSBURG MISSOURI
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24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS	Address 1331 BRUSH CREEK KANSAS CITY, MO.	25. DATE RECD. BY LOCAL REG. 9-6-60	26. REGISTRAR'S SIGNATURE H-L Dwyer
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF P. L. Byers

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Tom Lawler

Licensed Embalmer No. 491

P. O. Address 196 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.