

U.S. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037205

FILED VS OCT 4 1960

STATE FILE NUMBER

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 80

ENDED

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Houston</u>		Length of stay in 1b <u>7 mo</u>	c. CITY OR TOWN <u>Plato</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>Texas Co Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>8th NE. of Plato Mo</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>James Clabourn Lingo</u>		4. DATE OF DEATH Month Day Year <u>Sept. 26, 1960</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-30-1898</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	9. AGE (last birthday) <u>62</u>
11. BIRTHPLACE (City and state or country) <u>Texas Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13. FATHER'S NAME <u>Wm Lingo</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Carr</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>498-18-6062</u>	
17. INFORMANT <u>Jones C Lingo Jr</u>		Address <u>Maple Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Thrombosis</u> DUE TO (b) <u>arteriosclerotic Heart Disease grades</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			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) <u>Alcoholism Senescence & Cirrhosis of Liver.</u>			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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)	
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	
21. I attended the deceased from <u>9/15/1951</u> to <u>9/26/60</u> and last saw him alive on <u>9/26/60</u> Death occurred at <u>12:10 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. J. Burns, M.D.</u>		22b. ADDRESS <u>Houston, Mo.</u>	
22c. DATE SIGNED <u>9/26/60</u>		(State)	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>9-30-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Salace Carr</u>	23d. LOCATION (City, town, or county) <u>Belaski Co. Mo</u>
24. FUNERAL DIRECTOR <u>Smith-Ferguson Licking Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Sept. 30-60</u>	26. REGISTRAR'S SIGNATURE <u>Myrtie Craig</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Emberto Ferguson

Licensed Embalmer No. 394

P. O. Address Licking

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.