

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **18706**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **5**

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Henry</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clinton</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clinton</b>   |  |
| c. LENGTH OF STAY (in this place) <b>1 year</b>   |  | d. STREET ADDRESS (If rural, give location) <b>509 East Green Street</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Clinton Convalescent Home</b>                    |  |   |  |

|                                     |                         |                       |                         |  |
|-------------------------------------|-------------------------|-----------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <b>Laura</b> | b. (Middle) <b>J.</b> | c. (Last) <b>Lingle</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>June 21 1954</b> |
|-------------------------------------|-------------------------|-----------------------|-------------------------|--|

|                      |                               |   |                                      |   |                       |                     |                      |                     |
|----------------------|-------------------------------|---|--------------------------------------|---|-----------------------|---------------------|----------------------|---------------------|
| 5. SEX <b>Female</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b> | 8. DATE OF BIRTH <b>Dec. 4, 1865</b> | 9. AGE (In years last birthday) <b>88</b> | # UNDER 1 YEAR Months | # UNDER 1 YEAR Days | # UNDER 1 YEAR Hours | # UNDER 1 YEAR Min. |
|----------------------|-------------------------------|---|--------------------------------------|---|-----------------------|---------------------|----------------------|---------------------|

|  |   |  |  |
|--|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>None</b> | 11. BIRTHPLACE (State or foreign country) <b>Clinton, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |
|--|---|--|--|

|   |  |   |
|---|--|---|
| 13a. FATHER'S NAME <b>David Speiser</b> | 13b. MOTHER'S MAIDEN NAME <b>Ernestine Macke</b> | 14. NAME OF HUSBAND OR WIFE <b>Wash P. Lingle</b> |
|---|--|---|

|   |                                     |   |                             |
|---|-------------------------------------|---|-----------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b> | 16. SOCIAL SECURITY NO. <b>None</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Clifford Fewell</b> | ADDRESS <b>Calhoun, Mo.</b> |
|---|-------------------------------------|---|-----------------------------|

|   |  |  |   |
|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>48 HR.</b> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CEREBRAL EMBOLUS</b> |  |   |
|   | ANTECEDENT CAUSES<br>DUE TO (b) _____<br>DUE TO (c) _____                      |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>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? <b>332 X</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|--|

|  |  |   |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NO</b> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
|--|--|---|

|  |  |                            |
|--|--|----------------------------|
| 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? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from **19 JUNE, 1954**, to **21 JUNE, 1954**, that I last saw the deceased alive on **20 JUNE, 1954**, and that death occurred at **4:30 p. m.**, from the causes and on the date stated above.

|  |                   |                                 |                                      |
|--|-------------------|---------------------------------|--------------------------------------|
| 23a. SIGNATURE <b>Hugh B. Walker, MD</b> | (Degree or title) | 23b. ADDRESS <b>Clinton, Mo</b> | 23c. DATE SIGNED <b>29 June 1954</b> |
|--|-------------------|---------------------------------|--------------------------------------|

|   |                                |   |   |
|---|--------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>June 24, 1954</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Englewood</b> | 24d. LOCATION (City, town, or county) (State) <b>Clinton Missouri</b> |
|---|--------------------------------|---|---|

|  |   |   |                            |
|--|---|---|----------------------------|
| DATE REC'D BY LOCAL REG. <b>June 22-54</b> | REGISTRAR'S SIGNATURE <b>Florence Adair</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Covales</b> | ADDRESS <b>Clinton, Mo</b> |
|--|---|---|----------------------------|

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 21 1954

VS  
MAY 10 1960

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 .....  
Student Embalmer

Signed Eugene R. Convaler

Licensed Embalmer No. 4680

P. O. Address Clinton, 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.