S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 18 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

5397

State File No.

Registration District No. 199 Primary Registration District No. 57-67 Registrar's No. 6

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

1. PLACE OF DEATH:
(a) County Lincoln
(b) City or town Bedford
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community (years, months or days) In This Community 10 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lincoln 57
(c) City or town Bedford
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ARTHUR EDWARD LINA
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov (Month) 26 (Day) 1935 (Year)

8. AGE: Years 12 Months 9 Days 9 If less than one day hr. min.
9. Birthplace St Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Invalid
11. Industry or business
FATHER
12. Name Anton Robert Lina
13. Birthplace St Louis (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Olga (Lina) Reiter
15. Birthplace St Louis (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Anton Robert Lina
(b) Address Troy Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-48 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Bethlehem
18. (a) Signature of funeral director Wayne McCoy
(b) Address Troy Mo
19. (a) 2-7-1948 (Date received local registrar) (b) Emma B. Riddle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5 year 1948 hour 4 minute 00 A. M.
21. I hereby certify that I attended the deceased from 2/3 1948 to 2/5 1948 that I last saw him alive on 2/5 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: neumonia - Lobar	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature J. C. Leseeck (M. D. or other) MD
Address Troy Mo Date signed 2/6/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 2/12/48

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Wayne McLean

Licensed Embalmer No. 3686

P. O. Address Jasper Me

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.