

FILED FEB 4 1949 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1748

| | | | | | | | |
|---|--|--|---------------------|--|---------------|---|----------|
| BIRTH NO. _____ | | REG. DIST. NO. 175 | | PRIMARY REG. DIST. NO. 5648 | | Registrar's No. 8 | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | | |
| a. COUNTY Lawrence | | b. CITY OR TOWN Rural | | a. STATE Missouri | | b. COUNTY Lawrence | |
| c. LENGTH OF STAY (in this place) 60 years | | c. CITY OR TOWN Rural | | c. CITY (If outside corporate limits, write RURAL and give township) | | 35 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Mt. Pleasant | | | | d. STREET ADDRESS (If rural, give location) Mt. Pleasant | | | |
| 3. NAME OF DECEASED | | | 4. DATE OF DEATH | | | 5. SEX | |
| a. (First) Elizabeth | | b. (Middle) Grace | c. (Last) Linnan | | Month Jan. | | Day 9 |
| (Type or Print) | | | | (Year) 1949 | | | |
| 6. COLOR OR RACE Wh | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | | 8. DATE OF BIRTH April 5, 1860 | | 9. AGE (In years last birthday) 88 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Dublin, Ireland | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Richard Hill | | 13b. MOTHER'S MAIDEN NAME Grace Sharp | | 14. NAME OF HUSBAND OR WIFE | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME Francis Linnan | | ADDRESS Pierce City | |
| no | | (If yes, give war or dates of service) | | | | | |
| 18. CAUSE OF DEATH | | | | MEDICAL CERTIFICATION | | | |
| Enter only one cause per line for (a), (b), and (c) | | | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular Heart Disease | | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| II. OTHER SIGNIFICANT CONDITIONS | | | | 2. ANTECEDENT CAUSES | | | |
| Conditions contributing to the death but not related to the disease or condition causing death. | | | | DUE TO (b) Due to Infirmities of age | | | |
| | | | | DUE TO (c) | | | |
| 19a. DATE OF OPERATION | | | | 19b. MAJOR FINDINGS OF OPERATION | | | |
| | | | | 4214 | | | |
| 20. AUTOPSY? | | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 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) (m.) | | 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 Jan 1947 to Jan 9, 1949, that I last saw the deceased alive on _____, 19____, and that death occurred at 10 A. m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE D. C. B. Wright | | | | 23b. ADDRESS Pierce City, Mo. | | 23c. DATE SIGNED Jan. 13 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE 1/13/49 | | 24c. NAME OF CEMETERY OR CREMATORY St. Patrick's | | 24d. LOCATION (City, town, or county) (State) Pierce City, Mo. | |
| DATE REC'D BY LOCAL REG. Jan. 13-49 | | REGISTRAR'S SIGNATURE Ora Mc Natt | | 25. FUNERAL DIRECTOR'S SIGNATURE William J. Wessell | | ADDRESS | |
| | | | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6;

District File Number 249-148

Date Filed 2-2-49

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 _____

Charles Schroeder

Student Embalmer No. 227

working under my personal supervision.

Signed Charles E. Schroeder
Student Embalmer

Signed J. Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Mowatt, 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.