

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7196

FILED MAR 14 1949

*W. H. Allen, M.D.*  
*1111 Hwy. No. 108*  
*St. Louis, Mo.*

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6228 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution.) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stotesbury</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stotesbury</u>	
c. LENGTH OF STAY (in this place) <u>17 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>		e. DATE OF DEATH (Month) (Day) (Year) <u>March 5, 1949</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Geraldine</u> b. (Middle) <u>Mada</u> c. (Last) <u>Linn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 5, 1949</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>wht.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 26, 1903</u>
9. AGE (In years last birthday) <u>45</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John B. Tedder</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Williams</u>	
14. NAME OF HUSBAND OR WIFE <u>Lloyd J. Linn</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lloyd J. Linn, Stotesbury</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 Min.</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		PRECEDENT CAUSES	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION <u>none</u>	
19b. MAJOR FINDINGS OF OPERATION <u>4-201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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 <u>Feb 5, 1949</u> to <u>March 5, 1949</u> , that I last saw the deceased alive on <u>Never</u> , 19 <u>    </u> , and that death occurred at <u>5:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. H. Allen, M.D.</u>		23b. ADDRESS <u>Home no</u>	
23c. DATE SIGNED <u>3/8/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>March 8, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>West Liberty Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Bourbon Kansas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>O.A. Cheney</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 10, 1949</u>		REGISTRAR'S SIGNATURE <u>Kathryn H. Hance</u>	
25. ADDRESS <u>Fort Scott, KS</u>		(Licensed Embalmer's Statement on Reverse Side)	

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

Office No. 71  
District File Number 249-216  
Date Filed 3-12-49

**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 \_\_\_\_\_  
Albert N. Cheney Student Embalmer No. 985  
working under my personal supervision.

Signed Albert N. Cheney  
Student Embalmer

Signed Albert N. Cheney  
Licensed Embalmer No. 2612

P. O. Address Fort Scott, Kansas

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.