.S. No. 300
Rev. 10.48

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FILED APR 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7857

BIRTH NO. _____ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 5326 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY: Crawford
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meramec Rural
c. LENGTH OF STAY (in this place): 29 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Crawford
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Meramec
d. STREET ADDRESS (If rural, give location): 3

3. NAME OF DECEASED (Type or Print) a. (First) Michael b. (Middle) Linhardt c. (Last)

4. DATE OF DEATH (Month) 3 (Day) 5 (Year) 1949

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M 1
8. DATE OF BIRTH: Jan 18 1883
9. AGE (In years last birthday): 66 4
If under 1 year: Months 1 Days 18
If under 24 hrs.: Hours 1 Min. [illegible]

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Liebling, Austria, Hungarian
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: Jacob Linhardt
13b. MOTHER'S MAIDEN NAME: Maria Schlarb
14. NAME OF HUSBAND OR WIFE: Carolina Linhardt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Katharinna Linhardt

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) No Physician in attendance, Death

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Sudden History of heart
DUE TO (c) disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 1 hour

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19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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 ☐, NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. L. Parker M.D.
23b. ADDRESS: Steelville Mo
23c. DATE SIGNED: 3-7-49

24a. BURIAL, CREMATION, REMOVAL (Specify):
24b. DATE: 3-7-1949
24c. NAME OF CEMETERY OR CREMATORY: Keysville Cemetary
24d. LOCATION (City, town, or county) (State): at Keysville Mo

DATE REC'D BY LOCAL REG.: 3-21-49
REGISTRAR'S SIGNATURE: C. Gibbs 76 1
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: L. D. Jones & Son Steelville Mo

(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 349219
Date Filed 3-31-49

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 Harry McJ Embalmer, Student Embalmer No. ....., working under my personal supervision.

Signed Harry McJohn

Signed ..... Student Embalmer

Licensed Embalmer No. 2638

P. O. Address Steelville 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.