

FILED JUN 3 1949 THE GREAT CITY OF MISSOURI STANDARD CERTIFICATE OF DEATH

16937

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>298</u>		PRIMARY REG. DIST. NO. <u>6023</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>Ray</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Knoxville</u>		c. LENGTH OF STAY (in this place) <u>whole life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Knoxville</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>- - -</u>				d. STREET ADDRESS (If rural, give location) <u>- - -</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas J. Linnville</u>			b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>May 13 1949</u>
5. SEX <u>Male</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <u>Married</u>		8. DATE OF BIRTH <u>June 29, 1872</u>	9. AGE (In years, last birthday) <u>76</u>		10. MONTHS <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Ray County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>John E. Linnville</u>			13b. MOTHER'S MAIDEN NAME <u>Kate Springs</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Linnville</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>James Linnville</u>			
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) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>14 hrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>				<u>20 yrs</u>	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4/20</u>					
19a. DATE OF OPERATION.		19b. MAJOR FINDINGS OF OPERATION				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>May 12, 1949</u> , to <u>May 13, 1949</u> , that I last saw the deceased alive on <u>May 13, 1949</u> , and that death occurred at <u>9:10 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C. H. Wilson</u>				23b. ADDRESS <u>M.D. U. Polo Mo</u>		23c. DATE SIGNED <u>May 14-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>May 15, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Knoxville</u>		24d. LOCATION (City, town, or county) (State) <u>Knoxville Missouri</u>	
DATE REC'D BY LOCAL REG. <u>May 15, 1949</u>		REGISTRAR'S SIGNATURE <u>Mrs. Raymond Broadbent</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Raymond Broadbent &amp; Cowley</u>		ADDRESS <u>Polo Mo</u>	

(Licensed Embalmer's Statement of Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 6-2-49

AUG 27 1962

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 Wayne H. Hallenman

Licensed Embalmer No. 4627

P. O. Address Palo Alto, Missouri

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.