

FILED JUN 20 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 20203

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5714 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Mo. Donald</u>			2. USUAL RESIDENCE (When deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Pineville, Mo.</u>		c. LENGTH OF STAY (In this place) <u>2 1/2</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Pineville, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>3</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>					
3. NAME OF DECEASED (Type or Print) <u>KATE DORA LINHART</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-19-49</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>2-1-1879</u>	9. AGE (In years last birthday) <u>70 1/2</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Pineville, Neb.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Howard Hoff</u>		13b. MOTHER'S MAIDEN NAME <u>Kate Linhart</u>	14. NAME OF HUSBAND OR WIFE <u>John Linhart</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Linhart, Pineville, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Liver</u> ANTECEDENT CAUSES Morbid 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. INTERVAL BETWEEN ONSET AND DEATH <u>3</u> <u>2</u> <u>1</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				
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) <u>156A</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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>4/27/49</u> , 19 <u>49</u> , to <u>5/19/49</u> , 19 <u>49</u> ; that I last saw the deceased alive on <u>5/14/49</u> , 19 <u>49</u> , and that death occurred at <u>12:05 P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Maureen M.D.</u>		23b. ADDRESS <u>Pineville Mo</u>		23c. DATE SIGNED <u>6/13/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>5-22-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pineville</u>	24d. LOCATION (City, town, or county) (State) <u>Pineville Mo</u>		
DATE REC'D BY LOCAL REG. <u>6-13-49</u>	REGISTRAR'S SIGNATURE <u>Maureen Humphrey</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>423 N. 2nd, Maureen Humphrey, Pineville Mo</u>			

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

600

RECEIVED

District Health Officer No. 6,

District File Number 649-694

Date Filed 6-15-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____
Student Embalmer

Signed Mayne E. Humphrey

Licensed Embalmer No. 4265

P. O. Address Princeton, N.J.

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.