

FILED DEC 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38132**

BIRTH NO. _____		REG. DIST. NO. 251	PRIMARY REG. DIST. NO. 5853	Registrar's No. 276
1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville - rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville - rural		
d. FULL NAME OF HOSPITAL OR INSTITUTION Family home		d. STREET ADDRESS (If rural, give location) 9 miles northwest		
3. NAME OF DECEASED (Type or Print) a. (First) RICHARD		b. (Middle) EUGENE		c. (Last) LINTHICUM
4. DATE OF DEATH (Month) (Day) (Year) 11 25 49		5. SEX Male		
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH 9/8/49
9. AGE (in years last birthday) 2		IF UNDER 1 YEAR Months 17		IF UNDER 4 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KING OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Clarinda, Iowa
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME _____		
13b. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE _____		
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 _____
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thymus hyperplasia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknown (Diagnosed by) 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 found dead in bed - history 273X
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION no 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) _____		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 not attended , 19____, that I last saw the deceased alive on not seen , 19____, and that death occurred at 3 A. m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) L. E. Dean M.D. Coronor		23b. ADDRESS Maryville, Missouri		23c. DATE SIGNED 11-26-49
24a. BURIAL, CREMATION REMOVAL (Specify) burial		24b. DATE 11/26/49		24c. NAME OF CEMETERY OR CREMATORY Oak Hill
24d. LOCATION (City, town, or county) (State) Maryville, Mo.		DATE REC'D BY LOCAL REG. 12-3-49		
REGISTRAR'S SIGNATURE Kess Holt		FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home ADDRESS Maryville, Mo.		

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



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Clem M. Price

Licensed Embalmer No. 1822

P. O. Address Mayville, 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.