

FILED FEB 23 1950

 DEPARTMENT OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

 Dixon 5326  
 State File No.

No. 300  
 10.48  
 582  
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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 269

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Linn</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		c. LENGTH OF STAY (In this place) <u>0582</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		d. STREET ADDRESS (If rural, give location) <u>211 E Prairie</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>211 E. Prairie</u>			
<b>3. NAME OF DECEASED</b> (Type or Print) <u>SADLE</u>		<u>LINHART</u>	
a. (First)		b. (Middle)	
c. (Last)		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Feb-8-1950</u>	
<b>5. SEX</b> <u>M</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>M</u>	<b>8. DATE OF BIRTH</b> <u>Apr-21-1897</u>
<b>9. AGE</b> (In years last birthday) <u>52</u>		<b>IF UNDER 1 YEAR</b> (Month) (Day) (Year) <u>9 17</u>	
<b>IF UNDER 4 HRS.</b> (Hour) (Min.)			
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	
<b>11. BIRTHPLACE</b> (State or foreign country) <u>Brookfield Mo</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>Martin Bunch</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Bora Theobald</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>James Linhart</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown)		<b>16. SOCIAL SECURITY NO.</b>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>James Linhart</u>		<b>ADDRESS</b> <u>Brookfield</u>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Coronary embolism</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>4 Wks</u>	
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis generalized</u>		<u>332X</u>	
DUE TO (c)		<u>2 ym -</u>	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary sclerosis</u>			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from <u>Feb 2</u>, 19<u>49</u>, to <u>Feb 8</u>, 19<u>50</u>, that I last saw the deceased alive on <u>Feb 8</u>, 19<u>50</u>, and that death occurred at <u>10:22</u> m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <u>John R. Duffin</u>		<b>23b. ADDRESS</b> <u>Brookfield Mo</u>	
<b>23c. DATE SIGNED</b> <u>2-10-50</u>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)		<b>24b. DATE</b>	
<u>Burial</u>		<u>Feb-10-1950</u>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Rose Hill</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Brookfield Mo</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>2-14-50</u>		<b>REGISTRAR'S SIGNATURE</b> <u>W. B. Ewen</u>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Bill Funeral Home</u>		<b>ADDRESS</b> <u>Brookfield Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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



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**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.....

*J. B. Blacklock*

Licensed Embalmer No. *2246*

P. O. Address.....

*Brookfield 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.