

0600

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5370

FILED MAR 14 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 193 PRIMARY REG. DIST. NO. 4306 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Goodman		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Goodman	
c. LENGTH OF STAY (in this place) 13 yrs.		0600 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION South of Main Street		d. STREET ADDRESS (If rural, give location) South of Main Street	

3. NAME OF DECEASED (Type or Print)	a. (First) LAMSON	b. (Middle) SHERMAN	c. (Last) LINN	4. DATE OF DEATH (Month) (Day) (Year) February 3, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 24, 1861	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Linotype Machinest	10b. KIND OF BUSINESS OR INDUSTRY Printing	11. BIRTHPLACE (State or foreign country) Lithopolis, Ohio	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Lamson Linn	13b. MOTHER'S MAIDEN NAME Fagley	14. NAME OF HUSBAND OR WIFE Etta M. Hamlin Linn
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Etta M. Hamlin Linn	ADDRESS Goodman Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH  4222
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial insufficiency		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Advanced senility		
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from January 31, 1950, to February 3, 1950, that I last saw the deceased alive on February 3, 1950, and that death occurred at 5:45 a. m., from the causes and on the date stated above.

23a. SIGNATURE Harold C. Ward, D.O.	(Degree or title)	23b. ADDRESS Goodman, Mo.	23c. DATE SIGNED 2/6/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE February 7, 1950	24c. NAME OF CEMETERY OR CREMATORY Howard Cemetery	24d. LOCATION (City, town, or county) (State) Goodman, Missouri
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DATE REC'D BY LOCAL REG. 2-13-50	REGISTRAR'S SIGNATURE Mrs. Fred Smith	25. FUNERAL DIRECTOR'S SIGNATURE J. B. Pafiness	ADDRESS Goodman, Missouri
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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 *John B. Papineau* .....

Licensed Embalmer No. *4446* .....

P. O. Address *Goodman, Me.* .....

**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.