S. No. 300
v. 10.48

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

FILED AUG 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23098

BIRTH NO. | REG. DIST. NO. 77 | PRIMARY REG. DIST. NO. 3016 | Registrar's No. 180

0264

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Marys Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cole
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City 0264
d. STREET ADDRESS (If rural, give location): 419 Marshall St.

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Jennings
c. (Last): Bryan Linville

4. DATE OF DEATH (Month) (Day) (Year): July 26 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 12 1897
9. AGE (In years last birthday): 52 | IF UNDER 1 YEAR Months: 10 Days: 12 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dispatcher Yellow Cab Co.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Elston ?MIssouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Margan Linville
13b. MOTHER'S MAIDEN NAME: Elizabeth Stewart
14. NAME OF HUSBAND OR WIFE: Grace Eva Linville

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 486-18-2142
17. INFORMANT'S SIGNATURE OR NAME: Grace Linville
ADDRESS: Jefferson CityMo.

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) Left Coronary artery occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hr. 30 m.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary sclerosis
DUE TO (c) Arteriosclerotic Heart disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 23, 1950, *to* July 26, 1950, *that I last saw the deceased alive on* July 26, 1950, *and that death occurred at* 1:20 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. Donald Shull (Degree or title) MD
23b. ADDRESS: 229½ E. High, Jefferson City, Mo.
23c. DATE SIGNED: July 28, '50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 28 1950
24c. NAME OF CEMETERY OR CREMATORY: Riverview Cemetery
24d. LOCATION (City, town, or county) (State): Jefferson City, Mo.

DATE REC'D BY LOCAL REG.: July 28-1950
REGISTRAR'S SIGNATURE: R. P. Harris MD - NRC
25. FUNERAL DIRECTOR'S SIGNATURE: Victor Buescher
ADDRESS: Jefferson City Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 8-2-50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 8-2-50

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 _____, working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed Bill C. Branaman

Licensed Embalmer No. 4764

P. O. Address Jefferson City, 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.