

FILED AUG 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29177

BIRTH NO. _____ REG. DIST. NO. 349 PRIMARY REG. DIST. NO. 6180 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural--Morris Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural--Morris Twp.</u>	
c. LENGTH OF STAY (In this place) <u>3 years</u>		d. STREET ADDRESS (If rural, give location) <u>RFD #1, Cora, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>Harrison</u> c. (Last) <u>Linhart</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 11, 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 11, 1866</u>
9. AGE (In years last birthday) <u>83</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George Linhart</u>		13b. MOTHER'S MAIDEN NAME <u>Cynthia Putnam</u>	
14. NAME OF HUSBAND OR WIFE <u>Nancy 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 <u>Raymond Linhart, Green Castle, 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>Medullary Failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Thrombotic Encephalomalacia</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>X</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>332X</u>	
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?		22. I hereby certify that I attended the deceased from <u>June 17, 1950</u> , to <u>Aug 11, 1950</u> , that I last saw the deceased alive on <u>Aug. 4, 1950</u> , and that death occurred at <u>9:00 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Robert N. Clarke, D.O.</u>		23b. ADDRESS <u>Green City, Mo.</u>	
23c. DATE SIGNED <u>Aug. 12, 1950</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Aug. 14, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Baker Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Sullivan Co., Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Glenn E. Kent & Son, Green City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug. 18-1950</u>		REGISTRAR'S SIGNATURE <u>Laura Ballew</u> ADDRESS <u>415</u>	

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

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Date Received: AUG 21 1950
DISTRICT HEALTH OFFICE #
District File Number 8-50-1
Date Filed: AUG 22 1950

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 _____

Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Evans 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.