

5. No. 300
EV. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7853

FILED APR 9 1951

3240

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 5289 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>0240</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL FISHING RIVER</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL FISHING RIVER</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 Miles South Eclair Spgs</u>		d. STREET ADDRESS (If rural, give location) <u>4 MILES SOUTH, Ex Spgs, MO</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MINERVA</u> b. (Middle) <u>ALICE</u> c. (Last) <u>LINVILLE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 7th 1951</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>FEB. 17, 1871</u>
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>L</u>	11. BIRTHPLACE (State or foreign country) <u>ELMIRA, MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13. NAME OF HUSBAND OR WIFE <u>WILL LINVILLE, deceased</u>	
13a. FATHER'S NAME <u>GEO. ALEXANDER CARVER</u>		13b. MOTHER'S MAIDEN NAME <u>Penilla Perkins</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</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.		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Linsville, RRI. Ex. Spgs. MO</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT, SUICIDE, HOMICIDE		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) (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>March 5, 1951, to March 7, 1951</u> , that I last saw the deceased alive on <u>March 7, 1951</u> , and that death occurred at <u>11 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Bertel Dawson M.D.</u>		23b. ADDRESS <u>Elmer Springs, MO</u>	
23c. DATE SIGNED <u>3-8-51</u>		23d. LOCATION (City, town, or county) (State) <u>ELMIRA, MO</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR 9th 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>ELMIRA CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ELMIRA, MO</u>	
DATE REC'D BY LOCAL REG. <u>3/9/51</u>		REGISTRAR'S SIGNATURE <u>Caroline Dutschings</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Virgil Hope</u>		ADDRESS <u>Hope Funeral Home, Ex. Spgs. MO</u>	

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



LEGAL 6-11-71

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 James A. Miles

Signed.....
Student Embalmer

Licensed Embalmer No. 3296

P. O. Address Ev. Springs, N.C.

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.