

FILED OCT 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34524

State File No. 10-10-1951
Registrar's No. 2782

BIRTH NO. _____		REG. DIST. NO. <u>270</u>		PRIMARY REG. DIST. NO. <u>3050</u>	
1. PLACE OF DEATH a. COUNTY <u>Dumas</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before and present). a. STATE <u>Missouri</u> b. COUNTY <u>Dumas</u>		
b. CITY OR TOWN <u>Caruthersville</u>		c. LENGTH OF STAY (in this place) <u>54 yrs</u>	c. CITY OR TOWN <u>Caruthersville</u>		no. <u>2782</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>405 East 8th St.</u>			d. STREET ADDRESS (If rural, give location) <u>405 East 8th St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>R.</u>		b. (Middle) <u>L.</u>	c. (Last) <u>LINSLEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 12 1951</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>July 15 1869</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Days <u>2</u>
IF UNDER 1 YEAR Hours <u>37</u>	IF UNDER 1 HRS. Hours <u></u>	Min. <u></u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u> Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Newbury, Tenn 1</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13a. FATHER'S NAME <u>George B. Linsley</u>		13b. MOTHER'S MAIDEN NAME <u>Charlotte M. White</u>	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME: ADDRESS <u>Earl Linsley, Caruthersville, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pulmonary Edema</u>				INTERVAL BETWEEN ONSET AND DEATH <u>400 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chr Myocarditis</u>				<u>2</u> <u>0</u>
	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 checked="" type="checkbox"/>
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)		<u>4 2 2 2</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>July</u> , 19 <u>49</u> , to <u>Oct 12</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Oct 12</u> , 19 <u>51</u> , and that death occurred at <u>7:00 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>R. J. Quinn M.D.</u>			23b. ADDRESS <u>Caruthersville, Mo.</u>		23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 14 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Little prairie County</u>	24d. LOCATION (City, town, or county) (State) <u>Caruthersville Mo.</u>		
DATE REC'D BY LOCAL REG. <u>10-20-1951</u>	REGISTRAR'S SIGNATURE <u>Fessie B. Walker</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>La Forge and Co.</u>	ADDRESS <u>Caruthersville</u>		

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

10-51-265

Rec. **OCT 27 1951**

S. B. Beecher, M. D.,
Femiscot County Health Department,
Caruthersville, Missouri

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.....

CHARLES E. MUNGLE

Student Embalmer No. 423

working under my personal supervision.

Student

Charles E. Mungle
Student Embalmer

Signed

Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Caruthersville, 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.