

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4786

State File No.

FILED FEB 21 1952

BIRTH NO. _____ REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 5546 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Franklin Twp.</u> c. LENGTH OF STAY (In this place) <u>1 hr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Prarie Twp.</u> <u>0450</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R. Franklin, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. #8 Fayette</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Nellie</u>	b. (Middle) <u>Viola</u>	c. (Last) <u>Linhart</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 14, 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 16, 1892</u>	9. AGE (In years last birthday) <u>60</u>	# DIED 1 YEAR Months <u>0</u> Days <u>28</u>	# DIED 1 HR. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during normal working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Sullivan Co. Missouri</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William Carmack</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Fanning</u>	14. NAME OF HUSBAND OR WIFE <u>Oscar Linhart</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>499-30-5960</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Oscar Linhart</u> ADDRESS <u>Fayette, Mo</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>16 minutes</u> <u>10 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Obesity</u>		
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	<u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Feb 14, 1952, to Feb 14, 1952, that I last saw the deceased alive on Feb 14, 1952 and that death occurred at 10:20 m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Leech M.D.</u> (Degree or title)	23b. ADDRESS <u>Fayette, Mo.</u>	23c. DATE SIGNED <u>2-17-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/16/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fayette City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Fayette, Mo</u>
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DATE REC'D BY LOCAL REG. <u>2-17-52</u>	REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph A. Case</u> ADDRESS <u>Fayette, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0450

0450

0

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4201

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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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Ralph A. Carr

Signed.....

Student Embalmer

Licensed Embalmer No. 3340

P. O. Address _____

Juynette 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.