S. No. 300
v. 10.48

FILED MAR 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10263

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2026

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mo. Pacific 3 wks

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis 2119
d. STREET ADDRESS (If rural, give location): 1818 Coleman St

3. NAME OF DECEASED (Type or Print)
a. (First): CLARENCE
b. (Middle): ORAN
c. (Last): LINTON

4. DATE OF DEATH (Month) (Day) (Year): March 1 '52

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 27 1893
9. AGE (In years last birthday): 58 — 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): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Mo Pacific R.R.
11. BIRTHPLACE (State or foreign country): Beneld Ill.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Quincy Linton
13b. MOTHER'S MAIDEN NAME: Sarah Sexton
14. NAME OF ~~HUSBAND OR~~ WIFE: Orpha

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 495-28-7473
17. INFORMANT'S SIGNATURE OR NAME: Orpha Linton — ADDRESS

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Primary carcinoma of liver	??
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hemochromatosis	9 months
DUE TO (c)	Cirrhosis of liver	9 mo.
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Ascites	9 months

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify): X
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): X
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: X
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: X 155 X

22. *I hereby certify that I attended the deceased from* Feb 6, 1952, *to* March 1, 1952, *that I last saw the deceased alive on* March 1, 1952, *and that death occurred at* 12:45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. Kelley MD.
23b. ADDRESS: Mo. Pac. Hosp.
23c. DATE SIGNED: March 1.52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 13-4-52
24c. NAME OF CEMETERY OR CREMATORY: Lake Charles
24d. LOCATION (City, town, or county) (State): St. Louis Mo.

DATE REC'D BY LOCAL REG.: MAR 3 1952
REGISTRAR'S SIGNATURE: J Carl Smith MD. MJB
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: McLAUGHLIN FUNERAL HOME, INC.

(Licensed Embalmer's Statement on Reverse Side)

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 F. G. Farris

Signed.....
Student Embalmer

Licensed Embalmer No. 3384

P. O. Address 230 Lafayette

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.