

SEP 2 - 1952

# STANDARD CERTIFICATE OF DEATH

State File No. **27885**

BIRTH NO. 1 REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5553 Registrar's No. 31

**1. PLACE OF DEATH**  
 a. COUNTY Howell 0460  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN South Fork  
 c. LENGTH OF STAY (in this place) 1 1/2 yrs  
 d. FULL NAME OF HOSPITAL OR INSTITUTION

**2. USUAL RESIDENCE** (Where deceased lived, if institution: residence before admission)  
 a. STATE Missouri b. COUNTY Howell  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN South Fork 0460  
 d. STREET ADDRESS (If rural, give location) 0

**3. NAME OF DECEASED**  
 a. (First) Laurencee C. b. (Middle) Linchelow c. (Last) Linchelow  
 (Type or Print)

**4. DATE OF DEATH** (Month) (Day) (Year)  
7-11-52

**5. SEX** M  
**6. COLOR OR RACE** W

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify)  
M

**8. DATE OF BIRTH**  
10-19-1884

**9. AGE** (In years, last birthday) 67 **IF UNDER 1 YEAR** (Months) 7 **IF UNDER 12 HRS.** (Hours) 20 (Min.)

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired)  
Farmer

**10b. KIND OF BUSINESS OR INDUSTRY**

**11. BIRTHPLACE** (State or foreign country)  
Quasha, Mo

**12. CITIZEN OF WHAT COUNTRY?**  
USA

**13a. FATHER'S NAME**  
L. B. Linchelow

**13b. MOTHER'S MAIDEN NAME**  
Louisa Hale

**14. NAME OF HUSBAND OR WIFE**  
W. L. Davis

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or date of service)

**16. SOCIAL SECURITY NO.**

**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS  
Mrs. L. C. Linchelow S. Fork, Mo

**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) Acute dilatation of heart  
**ANTECEDENT CAUSES**  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) Chronic coronary disease  
 DUE TO (c)  
**II. OTHER SIGNIFICANT CONDITIONS**  
 Conditions contributing to the death but not related to the disease or condition causing death.

**INTERVAL BETWEEN ONSET AND DEATH**

**19a. DATE OF OPERATION**

**19b. MAJOR FINDINGS OF OPERATION**  
4201

**20. AUTOPSY?** YES  NO

**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)**

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour)

**21e. INJURY OCCURRED WHILE AT WORK**  **NOT WHILE AT WORK**

**21f. HOW DID INJURY OCCUR?**

**22. I hereby certify that I attended the deceased from 12-7, 1947, to 7-11, 1952, that I last saw the deceased alive on 7-6, 1952, and that death occurred at 3:00 p.m., from the causes and on the date stated above.**

**23a. SIGNATURE** (Degree or title)  
Daniel R. Lewis D.O.

**23b. ADDRESS**  
Bethersfield, Mo.

**23c. DATE SIGNED**  
8-10-52

**24a. BURIAL, CREMATION, REMOVAL (Specify)**  
to

**24b. DATE**  
7-11-52

**24c. NAME OF CEMETERY OR CREMATORY**  
Oak Lawn

**24d. LOCATION (City, town, or county) (State)**  
West Plains, Mo

**DATE REC'D BY LOCAL REG.**  
8-28-52

**REGISTRAR'S SIGNATURE**  
Beatrice Cook

**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS  
Robertson, West Plains, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

**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 *D. D. Roberts*

Licensed Embalmer No. *343*

P. O. Address *West Hill*

**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.