

OCT 14 1952

STANDARD CERTIFICATE OF DEATH

State File No. 30991

BIRTH NO. REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 82

0171
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carrollton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Fairfield Twp	
c. LENGTH OF STAY (in this place) 3 days		d. STREET ADDRESS (If rural, give location) 0170	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bales Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Arch b. (Middle) — c. (Last) Linville			4. DATE OF DEATH (Month) (Day) (Year) Oct 9, 1952		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH JAN 24, 1879		9. AGE (in years last birthday) 73		10. KIND OF BUSINESS OR INDUSTRY Farmer	
11. BIRTHPLACE (City and State or Foreign Country) Carroll Co - MO U		12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Fred L. Linville		13b. MOTHER'S MAIDEN NAME Delilah Graves		14. NAME OF HUSBAND OR WIFE Ella C. Ball	
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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) no		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Linville, Kennett Mo	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Insufficiency (b) Coronary Occlusion (c) —		INTERVAL BETWEEN ONSET AND DEATH July 30/52	
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 4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 **July 30, 1952** to **10-9, 1952** that I last saw the deceased alive on **10-9, 1952**, and that death occurred at **2:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Eugene L. Bales M.D.		23b. ADDRESS Carrollton, Mo.		23c. DATE SIGNED Oct 10 1952	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10-11-52		24c. NAME OF CEMETERY OR CREMATORY Fair Haven	
				24d. LOCATION (City, town, or county) (State) Norborne, Mo	

DATE REC'D BY LOCAL REG. 10/10/52		REGISTRAR'S SIGNATURE Tom Herbert Carter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. A. DeSharon Bogard Mo	
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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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed E. H. Dickerson

Licensed Embalmer No. 2594

P. O. Address Bozard 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.