

FILED FEB 3 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **031924**
REG. DIST. NO. **155** PRIMARY REG. DIST. NO. **4244** Registrar's No. **19**

490
1

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

BIRTH NO. _____		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 4244		Registrar's No. 19	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carterville		c. LENGTH OF STAY (in this place) 20 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carterville		1490	
d. FULL NAME OF HOSPITAL OR INSTITUTION S. Arch St.				d. STREET ADDRESS (If rural, give location) S. Arch St.			
3. NAME OF DECEASED a. (First) William			b. (Middle) Linderman			c. (Last) Linderman	
4. DATE OF DEATH (Month) (Day) (Year) Jan. 29, 1953		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Jan. 27, 1868		9. AGE (in years last birthday) 85		10. MONTHS 0		11. DAYS 2	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) 9		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Pearl Linderman			
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.		17. INFORMANT'S SIGNATURE OR NAME Pearl Linderman, Carterville, Mo. 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocaiditis				INTERVAL BETWEEN ONSET AND DEATH 5 Days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		493x		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)			
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 1-24 , 1863, to 1-29 , 1953, that I last saw the deceased alive on 1-29 , 1953, and that death occurred at 5:00 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE W.W. Forbes, D.O. (Degree or title) W. W. Forbes, D.O.				23b. ADDRESS 106 So. Main St. Webb City, Mo.		23c. DATE SIGNED Feb-30-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 1 1953		24c. NAME OF CEMETERY OR CREMATORY Osborne Cemetery		24d. LOCATION (City, town, or county) (State) East of Webb City, Mo.	
DATE REC'D BY LOCAL REG. 1-31-'53		REGISTRAR'S SIGNATURE Mrs. Madeline Switzer		25. FUNERAL DIRECTOR'S SIGNATURE Johnston-Arnage-Simpson ADDRESS Webb City, Mo.			

RECEIVED 2-2-53
Jasper County Health Office

County File Number 53/2/103

Date Filed 2-2-53

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 Harvey E. Owen

Licensed Embalmer No. 4463

P. O. Address Seabolt Calif 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.