

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16850**

FILED MAY 5 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **6228** Registrar's No. **62**

1. PLACE OF DEATH a. COUNTY <b>Vernon County</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Stotesbury, Mo Henry</b>		c. LENGTH OF STAY (in this place) <b>69 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Stotesbury Missouri</b>		<b>1080</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Stotesbury, Mo. At Home.</b>			d. STREET ADDRESS (If rural, give location) <b>Stotesbury Missouri</b>		
3. NAME OF DECEASED (Type or Print) <b>Bert</b>		a. (First)	b. (Middle)	c. (Last) <b>Linn</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 23 1953</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>12/27/86</b>	9. AGE (In years last birthday) <b>67</b>	if UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>James Linn</b>		13b. MOTHER'S MAIDEN NAME <b>Sara Jane Allen</b>		14. NAME OF HUSBAND OR WIFE <b>Blanche A. Linn (Deceased)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>511-01-3128</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>R. J. ARMSTRONG, Stotesbury, Missouri.</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>No Information</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>No Information</b> DUE TO (c) <b>Found dead in his door yard.</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  <b>7953</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Stotesbury, Vernon Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>No Information</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Stotesbury, Mo.</b>		23b. ADDRESS <b>Stotesbury, Mo.</b>		23c. DATE SIGNED <b>4-27-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>4/23/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Evergreen Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Fort Scott, Kansas</b>		
DATE REC'D BY LOCAL REG. <b>4-28-53</b>	REGISTRAR'S SIGNATURE <b>Anna E. Ferry</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>O. A. Cheney-Fort Scott, Kansas</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

80  
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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 *B. E. Huffine*

Licensed Embalmer No. 2030

P. O. Address Garland, Kansas

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.