

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25784

State File No.

FILED AUG 3 1953

BIRTH NO. REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 142

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

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) Maryville		c. CITY (If outside corporate limits, write RURAL and give township) Maryville	
c. LENGTH OF STAY (If this place) 36 hrs.		d. STREET ADDRESS (If rural, give location) 207 West Cooper	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			

3. NAME OF DECEASED (Type or Print) HERMAN FRANCIS LINNEMAN		4. DATE OF DEATH (Month) (Day) (Year) 7 25 53	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 12/7/98	
9. AGE (In years last birthday) 54		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City mail carrier		10b. KIND OF BUSINESS OR INDUSTRY U. S. Govt.	
11. BIRTHPLACE (State or foreign country) Columbus, Ohio		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME William Linneman		13b. MOTHER'S MAIDEN NAME Margaret Gebbeken		14. NAME OF HUSBAND OR WIFE Esther Busby Linneman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War II		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME J. W. Linneman, Maryville, Missouri	

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) 12 2 - 9 - 0 hours of 3/6 body surface & trunk forehead, neck both arms		INTERVAL BETWEEN ONSET AND DEATH 36 hrs	
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. E 9160 16			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Maryville Nodaway Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? home burned at night when drunken was asleep	

22. I hereby certify that I attended the deceased from **July 24, 1953** to **July 25, 1953**, that I last saw the deceased alive on **July 25, 1953** and that death occurred at **1 p.** m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M. D.		23b. ADDRESS Maryville, Missouri.		23c. DATE SIGNED 7-28-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/28/53		24c. NAME OF CEMETERY OR CREMATORY St. Mary's		24d. LOCATION (City, town, or county) (State) Maryville, Missouri	
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DATE REC'D BY LOCAL REG. 7-31-53		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home, Maryville, Mo.		ADDRESS	
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DEC 21 1954

AUG 31 1953

AUG 28 1953

OCT 15 1953

AUG 7 1953

MAR 17 1954

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 *Clayton M. Price*

Licensed Embalmer No. *1822*

P. O. Address *Maryville, 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.