

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

31597

State File No.

No. 300

10-48

FILED SEP 21 1953

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5483 Registrar's No. 90

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)	
a. COUNTY <u>Harrison</u>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Harrison</u>
c. LENGTH OF STAY (In this place) <u>1 wk</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If rural, give location) <u>Bethany 5 mile North</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>William</u>	b. (Middle) <u>Benjamin</u>	c. (Last) <u>Linville</u>	(Month) <u>9</u>	(Day) <u>11</u>	(Year) <u>1953</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>4-13-1891</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>4</u>	IF UNDER 24 HRS. Days <u>28</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Buchanan County Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		

13a. FATHER'S NAME <u>John Linville</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Jane England</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Janice Narace</u>	ADDRESS <u>Bethany Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Perforated duodenal ulcer</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 wks.</u>
	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.		

19a. DATE OF OPERATION <u>8/12/53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Perforated duodenal ulcer. 5411</u>	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) 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 Feb, 1949, to Sept, 1953, that I last saw the deceased alive on Sept 11, 1953, and that death occurred at 1 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Miriam Carhart MD</u>	23b. ADDRESS <u>Bethany Mo</u>	23c. DATE SIGNED <u>9/17/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-14-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Miriam</u>	24d. LOCATION (City, town, or county) (State) <u>Bethany Mo</u>
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DATE REC'D BY LOCAL REG. <u>9/19/53</u>	REGISTRAR'S SIGNATURE <u>Zola Burris</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>M. H. ...</u>	ADDRESS <u>Bethany Mo.</u>
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(Licensed Embalmers' Statement on Reverse Side)

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

410

0410

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 MB Laas

Licensed Embalmer No. 3899

P. O. Address Bethany 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.