

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3932**

FILED **MAR 12 1954** REG. DIST. NO. **27** PRIMARY REG. DIST. NO. **3005** Registrar's No. **22**

0071  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Butler</b>		c. CITY OR TOWN <b>Butler</b>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>life</b>		e. STREET ADDRESS (If rural, give location) <b>404 West Ohio</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>404 West Ohio</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Freddie</b>	b. (Middle) <b>Lynn</b>	c. (Last) <b>Linard</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>2 - 24 - 1954</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Oct. 9, 1950</b>	9. AGE (In years last birthday) <b>3</b>	IF UNDER 1 YEAR Months	IF UNDER 14 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Butler, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>H.C. Linard</b>	13b. MOTHER'S MAIDEN NAME <b>Gladys Cumpton</b>	14. NAME OF HUSBAND OR WIFE <b>Never Married</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>H.C. Linard</b>	ADDRESS <b>Butler, Missouri</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>2 years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Brain Tumor</b>		
	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	19b. MAJOR FINDINGS OF OPERATION <b>Cerebellar Tumor - operated Dec 1952</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>Butler</b> (COUNTY) <b>Bates</b> (STATE) <b>MO</b>
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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? <b>-</b>
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22. I hereby certify that I attended the deceased from **11/10**, 19**52**, to **Feb 24**, 19**54**, that I last saw the deceased alive on **Feb 24**, 19**54**, and that death occurred at **1 P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Carter W. Luter M.D.</b> (Degree or title) <input checked="" type="checkbox"/>	23b. ADDRESS <b>Butler MO</b>	23c. DATE SIGNED <b>2/25/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-26-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oakhill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Butler, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Mar. 1-54</b>	REGISTRAR'S SIGNATURE <b>Rendell Kurray</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Culver Underwood</b> ADDRESS <b>Butler MO</b>
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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.....  
Signature of Student Embalmer

Signed..... *Robert G. Steinbeck*

Licensed Embalmer No. *4657*

P. O. Address *Butler, N.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.