

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5383

5-686 State File No.

No. 300
10.48

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FILED MAR 4 1954

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BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <i>Linn</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Linn</i>			
b. CITY (If outside corporate limits, write RURAL and give township) <i>Linn</i>		c. LENGTH OF STAY (in this place) <i>4 yrs</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Linn</i>		0580	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Linn County Rest Home</i>				d. STREET ADDRESS (If rural, give location) <i>Locust Creek Trng</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>MELVIN</i> b. (Middle) <i>W.</i> c. (Last) <i>WHITTLEY</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>2-27-54</i>				
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>unknown</i>		8. DATE OF BIRTH <i>1875</i>	
9. AGE (In years last birthday) <i>79</i>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Agriculture</i>		11. BIRTHPLACE (State or foreign country) <i>Kentucky</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13a. FATHER'S NAME <i>unknown</i>		13b. MOTHER'S MAIDEN NAME <i>unknown</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs Walter Peterson, Fairbury, Neb.</i>			
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) <i>Cerebral hemorrhage</i> 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.					INTERVAL BETWEEN ONSET AND DEATH <i>3 or 4 days</i>
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Linn Linn Mo</i>			
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>5:00 p.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>James B. McCalland Coronar</i>				23b. ADDRESS <i>Brookfield, Mo.</i>		23c. DATE SIGNED <i>2/28/54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>3-1-54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>IOOF Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Linn, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>Mar-3-1954</i>		REGISTRAR'S SIGNATURE <i>Mrs Buidie Kelley</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Brothers, Linn, Mo.</i>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

W. R. Wright

Licensed Embalmer No. 4655

P. O. Address Laurel, 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.