

FILED JUL 22 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22854

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 56

1. PLACE OF DEATH  
a. COUNTY **Howard**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri** b. COUNTY **Jackson**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Fayette**

c. CITY OR TOWN **Kansas City**

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **313 S. Main St.**

STREET ADDRESS (If rural, give location) **5736 McGee St. 3838**

3. NAME OF DECEASED a. (First) **Daisy** b. (Middle) **Marion** c. (Last) **Linn** 4. DATE OF DEATH (Month) (Day) (Year) **July 1, 1954**

5. SEX **Female** 6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED **Widowed**

8. DATE OF BIRTH **Oct. 26, 1876**

9. AGE (In years) (Months) (Days) (Hours) (Min.) **77 8 5**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**

10b. KIND OF BUSINESS OR INDUSTRY **Own Home**

11. BIRTHPLACE (City and State or Foreign Country) **Lexington, Missouri**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Robert Taubman**

13b. MOTHER'S MAIDEN NAME **Amelia Kramer**

14. NAME OF HUSBAND OR WIFE **Paul H. Linn**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) **No**

16. SOCIAL SECURITY NO. **-----**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs L. W. Jacobs Jr. Fayette, Mo**

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  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Hypernephroma of Left Kidney with Generalized Metastasis**  
ANTECEDENT CAUSES **Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.**  
DUE TO **Secondary Anemia**  
II. OTHER SIGNIFICANT CONDITIONS **Conditions contributing to the death but not related to the disease or condition causing death.**

INTERVAL BETWEEN ONSET AND DEATH **6 mo**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **180 X**

20. AUTOPSY? YES  NO

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) **Fayette Howard Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5-1**, 19**54**, to **7-1**, 19**54**, that I last saw the deceased alive on **July 1, 1954** and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **W. Bloom M.D.**

23b. ADDRESS **Fayette Mo**

23c. DATE SIGNED **7-3-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **7/3/54**

24c. NAME OF CEMETERY OR CREMATORY **Mt. Washington Cemetery**

24d. LOCATION (City, town, or county) (State) **Kansas City, Mo**

DATE REC'D BY LOCAL REG. **7-4-54**

REGISTRAR'S SIGNATURE **Mary S. Shell**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Ralph A. Carr Fayette, Mo**

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

AUG 30 1955

SEP 8 1955

MAR 11 1955

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, ~~only~~ ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Ralph A. Carr*.....

Licensed Embalmer No. *33*

P. O. Address *Fayette,*

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.