

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28199**

FILED SEP 14 1954

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Marceline</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis</u>		d. STREET ADDRESS (If rural, give location) <u>0582 0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mae</u> b. (Middle) _____ c. (Last) <u>LINTZ GORE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 25 1954</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1899</u>
10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>Howard County Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Fred Lintz</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Berrie Lintz</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give year or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Berrie Lintz</u> ADDRESS <u>Brookfield Mo</u>

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u> <u>5 days</u> <u>1 month</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral embolism</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thrombosis in femoral thyroid vein</u> DUE TO (c) <u>Thyroiditis</u>		
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>7-20-54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Adenoma thyroid - toxic</u> <u>254x</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 5-12-1954, to 7-25-1954, that I last saw the deceased alive on 7-25-1954, and that death occurred at 1:00 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>John R. Dixon M.D.</u> (Degree or title)		23b. ADDRESS <u>Brookfield Mo</u>	23c. DATE SIGNED <u>7-27 54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 29</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rock Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>
DATE REC'D BY LOCAL REG. <u>7-28-54</u>	REGISTRAR'S SIGNATURE <u>Mary Ann Reigway</u> <u>401</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Bowman</u> ADDRESS <u>Brookfield Mo.</u>	

(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 Jamer B. McClelland

Licensed Embalmer No. 4230

P. O. Address Brookfield 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.