

FILED SEP 16 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30413

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <b>Howard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Howard</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Fayette</b>		c. LENGTH OF STAY (in this place) <b>1 wk.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lee Hospital</b>		STREET ADDRESS (If rural, give location) <b>R. R. #3</b> <span style="float: right;">0450</span>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Oscar</b>		b. (Middle) <b>----</b>	
c. (Last) <b>Linhart</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 1, 1954</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 16, 1885</b>
9. AGE (In years last birthday) <b>69</b>		IF UNDER 1 YEAR <b>3</b> Months <b>15</b> Days	IF UNDER 24 HRS. <b>15</b> Hours <b>15</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Sullivan Co. Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>James B. Linhart</b>		13b. MOTHER'S MAIDEN NAME <b>Amanda Morrey</b>	
14. NAME OF HUSBAND OR WIFE <b>Nellie Viola Carmack</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Allen Linhart</b>		ADDRESS <b>Fayette, Mo</b>	
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) <b>Coronary Occlusion</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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>4201</b>	
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) (Min.)	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 <u>July</u> , 1954, to <u>Sept 1</u> , 1954, that I last saw the deceased alive on <u>Sept 1</u> , 1954, and that death occurred at <u>9 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>[Signature]</b> (Degree or title)		23b. ADDRESS <b>Fayette, Mo</b>	
23c. DATE SIGNED <b>9/7/54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9/3/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fayette City Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Fayette, Mo</b>
DATE REC'D BY LOCAL REG. <b>9-7-54</b>	REGISTRAR'S SIGNATURE <b>Mary L. Shell</b> <span style="float: right;">436</span>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ralph A. Carr</b> ADDRESS <b>Fayette, Mo</b>	

(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.....  
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.