

FILED MAR 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3758

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 59

0013
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirksville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kirksville</u>	
c. LENGTH OF STAY (In this place) <u>9 days</u>		d. STREET ADDRESS (If rural, give location) <u>510 N. New</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kirksville Osteopathic Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>SHERMAN</u> c. (Last) <u>LINN</u>			4. DATE OF DEATH <u>March 1, 1955</u> (Month) (Day) (Year)		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Sept. 1, 1918</u>		9. AGE (In years last birthday) <u>36</u>		10. MONTHS <u>0</u> DAYS <u>0</u> HOURS <u>0</u> MIN. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoemaker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Shoemaking</u>		11. BIRTHPLACE (State or foreign country) <u>Kirksville, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Sherman Linn</u>		13b. MOTHER'S MAIDEN NAME <u>Ruby Ball</u>		14. NAME OF HUSBAND OR WIFE <u>Shirley Grant Linn</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>489-26-8081</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Shirley Grant Linn, Kirksville, Mo.</u> ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>anoxia</u>		DUE TO (b) <u>pericardial effusion</u>				<u>1 week</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Irish Cell anemia</u>				<u>2 mo</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>year</u>

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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>man</u>					

22. I hereby certify that I attended the deceased from 1951, 1951, to Mar 1, 1955, that I last saw the deceased alive on Mar 1, 1955, and that death occurred at 7:57 m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. R. Kutenko</u> (Degree or title)		23b. ADDRESS <u>Kirksville Mo.</u>		23c. DATE SIGNED <u>3-1-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-4-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kirksville Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>3-1-55</u>		REGISTRAR'S SIGNATURE <u>Wate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert P. Davis</u>		ADDRESS <u>Kirksville, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

DEC 27 1962

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

Robert B. Davis

Licensed Embalmer No. *4219*

P. O. Address

Hillsville, Va.

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.