

FILED MAY 17 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17482

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 349 PRIMARY REG. DIST. NO. 6180 Registrar's No. 116

1. PLACE OF DEATH a. COUNTY <b>Sullivan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Sullivan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Morris Twp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Morris Twp.</b>	
c. LENGTH OF STAY (in this place) <b>Life</b>		1050	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2 mi. N. of Winigan</b>		d. STREET ADDRESS (If rural, give location) <b>2 mi. N. of Winigan</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Nancy</b> b. (Middle) <b>Ellen</b> c. (Last) <b>Linhart</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 11, 1955</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>March 25, 1875</b>		9. AGE (In years last birthday) <b>80</b>		IF UNDER 1 YEAR Days _____ IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm Home</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Joshua Hale</b>		13b. MOTHER'S MAIDEN NAME <b>Jerusha Lay</b>		14. NAME OF HUSBAND OR WIFE <b>Edward Linhart</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Raymond Linhart</b> ADDRESS <b>Green Castle, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>	
		ANTECEDENT CAUSES Morbidity 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. <b>Myocardial decompensation</b>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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?	

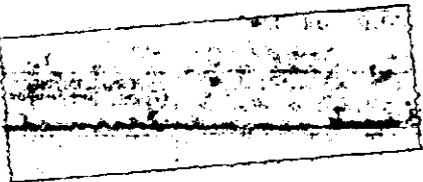
22. I hereby certify that I attended the deceased from May 5, 1955, to May 11, 1955, that I last saw the deceased alive on May 10, 1955, and that death occurred at 8 P m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. R. McArthur</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Browning Mo.</b>		23c. DATE SIGNED <b>5/12/55</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 13, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Baker Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Sullivan Co., Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>5-14-'55</b>		REGISTRAR'S SIGNATURE <b>Agnes L. Page</b>		504		25. FUNERAL DIRECTOR'S SIGNATURE <b>Glenn E. Hunt &amp; Son</b> ADDRESS <b>Green City, Mo.</b>	
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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.....

*Karl R. Kent*

Licensed Embalmer No. ....

*4689*

P. O. Address.....

*Green City, 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.