

No. 300
10.46

FILED AUG 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27037

BIRTH NO. REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 4330 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>East Prairie.</u>		c. CITY OR TOWN <u>East Prairie.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		e. STREET ADDRESS (If rural, give location) <u>211 Foulk</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Belvey</u>	b. (Middle) <u>Burton U</u>	c. (Last) <u>Linhart</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 21, 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 3, 1869</u>
9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months <u>86</u> Days <u>86</u>	IF UNDER 1 HR. Hours <u>86</u> Min. <u>86</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Sardus, Mississippi</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Jake Linhart</u>	13b. MOTHER'S MAIDEN NAME <u>Celia Cellers</u>	14. NAME OF HUSBAND OR WIFE <u>Lenora E. Linhart</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>493-30-7015</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lenora E. Linhart E. Prairie, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>331x</u>		
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"/>
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 2/14/55, 1955, to July 21, 1955, that I last saw the deceased alive on July 21, 1955, and that death occurred at 9:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>London Campbell D.O.</u> (Degree or title)	23b. ADDRESS <u>East Prairie Mo.</u>	23c. DATE SIGNED <u>8-5-55</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 23, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>W.O.W East Prairie, East Prairie, Miss., Mo.</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>8-12-55</u>	REGISTRAR'S SIGNATURE <u>Gertrude L. Harper</u> 197-1	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mc Mickle Funeral Home E. Prairie, MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

AUG 20 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed AUG 20 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, or by _____, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

**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.**