

FILED SEP 19 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29373

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 4173 Registrar's No. 46

|  |  |   |                            |
|--|--|---|----------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Douglas</u>                                      |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Douglas</u> |                            |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Ava</u> |  | c. LENGTH OF STAY (in this place)<br>_____  | c. CITY OR TOWN <u>Ava</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                            |
|  |  | e. STREET ADDRESS (If rural, give location)<br><u>0340</u>  |                            |

|                                     |                         |                       |                         |   |
|-------------------------------------|-------------------------|-----------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Minta</u> | b. (Middle) <u>B.</u> | c. (Last) <u>Linder</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Aug. 26, 1955</u> |
|-------------------------------------|-------------------------|-----------------------|-------------------------|---|

|                     |                           |  |   |   |   |   |
|---------------------|---------------------------|--|---|---|---|---|
| 5. SEX <u>F. M.</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH (Specify)<br><u>July 17-1880</u> | 9. AGE (In years last birthday) <u>75</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
|---------------------|---------------------------|--|---|---|---|---|

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|---|--|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Own home</u> | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Kirksville, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u> |
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| 13a. FATHER'S NAME<br><u>Frank Johnson</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Estel Applebee Seigler</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Dra. A. Linder</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes, give war or dates of service</u> | 16. SOCIAL SECURITY NO.<br><u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Max Linder - Ava Mo.</u> | ADDRESS<br><u>Ava Mo.</u> |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute cerebral apoplexy</u>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>not</u> |
|  | ANTECEDENT CAUSES<br>As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Chronic Hypertension</u> |  | <u>200</u>                                     |
|  | DUE TO (c) <u>Chronic Arterio Sclerosis</u>   |  | <u>140</u>                                     |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>Chronic Myocarditis</u>  |   |  | <u>15-204</u>                                  |

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|------------------------|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><u>334X</u> | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|---|---|

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|--|--|---|
| 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) |
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|   |  |                            |
|---|--|----------------------------|
| 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? |
|---|--|----------------------------|

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|                                       |                                  |                                |                                    |
|---------------------------------------|----------------------------------|--------------------------------|------------------------------------|
| 23a. SIGNATURE<br><u>M. C. Dentry</u> | (Degree or title)<br><u>M.D.</u> | 23b. ADDRESS<br><u>Ava Mo.</u> | 23c. DATE SIGNED<br><u>8-30-55</u> |
|---------------------------------------|----------------------------------|--------------------------------|------------------------------------|

|  |                             |  |  |
|--|-----------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 24b. DATE<br><u>8-29-55</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Ava</u> | 24d. LOCATION (City, town, or county) (State)<br><u>Ava, Mo.</u> |
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| DATE REC'D BY LOCAL REG.<br><u>Sept 13-55</u> | REGISTRAR'S SIGNATURE<br><u>Uestel Beahman</u> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Clunkingheard</u> | ADDRESS<br><u>Funeral Home</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..... *Charles R. Fisk*

Licensed Embalmer No. *461*

P. O. Address *Ava, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.