

FILED NOV 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35859

BIRTH NO.		REG. DIST. NO. 4		PRIMARY REG. DIST. NO. 4012		Registrar's No. 75	
1. PLACE OF DEATH a. COUNTY <u>Atchison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rock-Port mo</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Rock-Port Mo</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>2050</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u>		b. (Middle) <u>CARL</u>		c. (Last) <u>LINVILLE.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov-16 1955</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan-6-1886</u>	
9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) Months <u>10</u> Days <u>10</u> Hours <u>10</u> Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Stubert Neb.</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>James S. Linville</u>		13b. MOTHER'S MAIDEN NAME <u>Adelia Doel</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>500-07-6819</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Everett Linville Rock-Port mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Coronary thrombosis</u>				<u>5 minutes</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Coronary Arteriosclerosis</u>				<u>10 years</u>	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		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>Nov 16</u> , 1955, to <u>Nov 16</u> , 1955, that I last saw the deceased alive on <u>Nov 16</u> , 1955, and that death occurred at <u>12:15 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wallace Carpenter MD</u>				23b. ADDRESS <u>Rock Port mo</u>		23c. DATE SIGNED <u>11-18-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Nov. 18-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Edgewood cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rock-Port mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 22, 1955</u>		REGISTRAR'S SIGNATURE <u>Walter A. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bertram Funeral Home Rock-Port mo</u>			

(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 *C. E. Pertram*

Licensed Embalmer No. *1767*

P. O. Address *Rock Hill, S.C.*

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.