

STANDARD CERTIFICATE OF DEATH

3573

State File No. ....

FILED JAN 23 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 6187 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Taney</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Protem</u> c. LENGTH OF STAY (in this place) <u>Year</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Protem - Big Creek Imp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u> <u>1060</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Ann</u> c. (Last) <u>Linkous</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 2 - 56</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Sept 11 - 1875</u>		9. AGE (In years last birthday) <u>80</u>		10. MONTHS <u>3</u> DAYS <u>21</u> HOURS <u></u> MIN. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home wife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaker</u>		
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Vincent</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda Ayers</u>		14. NAME OF HUSBAND OR WIFE <u>George Linkous</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>MO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>George Linkous</u> ADDRESS <u>Protem</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac Renal's etc Release</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 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 1854, to Jan 2, 1956, that I last saw the deceased alive on Dec 20, 1955, and that death occurred at 2 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. Rubin</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Branson, Mo</u>		23c. DATE SIGNED <u>Jan 1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>		24b. DATE <u>1-4-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wolf Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Protem MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frouyths Funeral Home</u> ADDRESS <u>Home</u>			
DATE REC'D BY LOCAL REG. <u>1/17/56</u>		REGISTRAR'S SIGNATURE <u>Stelen Campbell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frouyths Funeral Home</u> ADDRESS <u>Home</u>	

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

2060

NOV 22 1917

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

*Walter J. Cobb*

Licensed Embalmer No. *4731*

P. O. Address *Farmington, Md.*

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.