

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-041045  
STATE FILE NUMBER

Registration District No. 280 Primary Registration District No. 4423 Registrar's No. 90

FILED DEC 4 1958

S. 300  
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

|  |                                  |   |   |
|--|----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Platte</b>   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Platte</b>                   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Weston</b>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>Weston</b> <u>0830</u><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION   |                                  | Length of stay in 1b  | d. STREET ADDRESS (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>       |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>John Paul Linville</b>  |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>Nov. 14, 1958</b>  |
| 5. SEX<br><b>male</b> <u>0</u>   | 6. COLOR OR RACE<br><b>white</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>July 17, 1906</b>  |
| 9. AGE (In years last birthday)<br><b>52</b>   |                                  | IF UNDER 1 YEAR<br>Months Days  | IF UNDER 24 HRS.<br>Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Barber</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Barber</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Camden Point, Mo. 0</b>  |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |                                  | 13a. FATHER'S NAME<br><b>William C. Linville</b>  |   |
| 13b. MOTHER'S MAIDEN NAME<br><b>Eva Adams</b>  |                                  | 14. NAME OF HUSBAND OR WIFE   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  |                                  | 16. SOCIAL SECURITY NO.<br><input checked="" type="checkbox"/>  | 17. INFORMANT<br><b>D. E. Linville</b> Address <b>Weston, Mo.</b>   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>GUNSHOT WOUND IN RIGHT SIDE OF HEAD,</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____<br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |                                  |   | INTERVAL BETWEEN ONSET AND DEATH  |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                                  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><b>976X</b>   |   |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m.  |                                  | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |   |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |                                  | 20f. CITY, TOWN, OR LOCATION COUNTY STATE   |   |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____<br>Death occurred at <b>APPROX. 3:00 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.   |                                  |   |   |
| 22a. SIGNATURE<br><b>Roland M. Giffey, Coroner</b> (Degree or title)   |                                  | 22b. ADDRESS<br><b>Platte City, Mo.</b>   | 22c. DATE SIGNED<br><b>11-14-58</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>11-16-1958</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Graceland Cemetery</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>Weston, Missouri</b>  |
| 24. FUNERAL DIRECTOR<br><b>Vaughn Funeral Home</b> ADDRESS <b>Weston, Mo.</b>  |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>11-16-58</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Chapin Rollins</b>  |

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 W. R. Vaughn .....

Licensed Embalmer No. 4023 .....

P. O. Address Weston, 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.