

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-000677
60-800677
STATE FILE NUMBER

FILED VS. JAN 25 1960 4 Primary Registration District No. 5243 Registrar's No. 8

DED

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Chariton Township</u> Length of stay in lb <u>Life</u>		c. CITY OR TOWN <u>Forest Green</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4 mi west of Forest Green</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) <u>4 mi west of Forest Green</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>ERNEST Frederick LINNEMAN</u>			4. DATE OF DEATH Month Day Year <u>Jan. 20, 1960</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 11, 1877</u>
9. AGE (last birthday) <u>82</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Farming</u>	11. BIRTHPLACE (City and state or country) <u>Forest Green Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13. FATHER'S NAME <u>Henry Linneman</u>	
13b. MOTHER'S MAIDEN NAME <u>Wilhelmina Biere</u>		13c. NAME OF HUSBAND OR WIFE <u>Phillipine Meyer Linneman (Dec.)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, for or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Not available</u>	
17. INFORMANT <u>Mr. Edwin Linneman</u>		Address <u>Forest Green</u>	

DOCUMENT

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Chronic myocarditis</u>		<u>7 yr</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>arteriosclerosis</u>	<u>5 yrs</u>
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <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 <u>Jan - 1958</u> to <u>Jan 20 - 60</u> and last saw him alive on <u>Jan 19 - 60</u> Death occurred at <u>8:35 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		

BY AFFIDAVIT OF

22a. SIGNATURE <u>Dr. W. Hawkins MD</u> (Degree or title)	22b. ADDRESS <u>Schiburg Mo.</u>	22c. DATE SIGNED <u>1-22-60</u>
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Jan 22, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Salem</u>
23d. LOCATION (City, town, or county) <u>Forest Green Mo.</u>	23e. STATE <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>Fremont Funeral Service Glasgow Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>1-22-60</u>	26. REGISTRAR'S SIGNATURE <u>Dr. W. Hawkins</u>

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

E. W. Trimmont

Licensed Embalmer No. 3978

P. O. Address Glasgow,

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.