

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 20 1960

-60-037742

STATE FILE NUMBER

INDEXED

Registration District No. 59 Primary Registration District No. _____ Registrar's No. 177

1. PLACE OF DEATH 327 N ARMSTRONG PLEASANT HILL				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY CASS		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PLEASANT HILL, MO.		a. STATE MISSOURI b. COUNTY CASS		c. CITY OR TOWN PLEASANT HILL Mo.	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 327 N. ARMSTRONG		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If outside, give location)			
3. NAME OF DECEASED (Type or print) First Middle Last ALVIN SYLVESTER LINTHICUM				4. DATE OF DEATH Month Day Year OCT. 1 1960			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Dec 12 1887	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days 10 19	IF UNDER 24 HR Hours Min. 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY Mt. ETNA IOWA		11. BIRTHPLACE (City and state or country) Mt. ETNA IOWA		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME JOHN WILLIAM LINTHICUM		13b. MOTHER'S MAIDEN NAME SARAH D. HIGBEE		14. NAME OF HUSBAND OR WIFE HELEN LINTHICUM			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 492-14-5099		17. INFORMANT HELEN LINTHICUM PLEASANT HILL MO.			
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) Acute anterior coronary thrombosis						8 days	
DUE TO (b) with terminal cardiac decompensation							
DUE TO (c) Coronary Sclerosis						1 yr.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None -						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	
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 s.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 5-10-48 to 10-1-60 and last saw her/him alive on 9-30-60 . Death occurred at 8:05 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Dr. Eklund MD				22b. ADDRESS Pleasant Hill, Mo		22c. DATE SIGNED 10-1-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct 4 - 1960	23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery		23d. LOCATION (City, town, or county) (State) Pleasant Hill Mo.		
24. FUNERAL DIRECTOR William Furmstrom		ADDRESS Pleasant Hill Mo.		25. DATE RECD. BY LOCAL REG. Oct 3 - 60		26. REGISTRAR'S SIGNATURE Mrs. Ray Seabee	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed James C. Walker

Licensed Embalmer No. 3921

P. O. Address Pleasant

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.