RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

NOV 29 1960

-60-042962
STATE FILE NUMBER

Registration District No. 257 Primary Registration District No. 5880 Registrar's No. 52

1. PLACE OF DEATH
a. COUNTY: Osage
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ~~Bonnots~~ Crawford Twp
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Linn Manor Rest Home
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Osage
c. CITY OR TOWN: Bonnots Mill, Mo
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Bonnots Mill Mo.
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: John Middle: Linnenbrink Last:
4. DATE OF DEATH Month Day Year: Nov. 22, 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 5/21/83
9. AGE (last birthday): 77
IF UNDER 1 YEAR: Months Days; IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Loose Creek, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Frank Linnenbrink
13b. MOTHER'S MAIDEN NAME: Margaret Wolf
14. NAME OF HUSBAND OR WIFE: Margaret Schmitz
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Hubert Linnenbrink Address: Bonnots Mill

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Chronic Myocardial Disease
DUE TO (c): Arteriosclerosis generalized
INTERVAL BETWEEN ONSET AND DEATH:
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 6-5-60 to 11-22-60 and last saw her/him alive on 11-17-60
Death occurred at 9:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Howard W. Baldwin (Degree or title) DO.
22b. ADDRESS: Linn
22c. DATE SIGNED: 11/26/60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11/25/60
23c. NAME OF CEMETERY OR CREMATORY: St. Louis
23d. LOCATION (City, town, or county) (State): Bonnots Mill, Mo.
24. FUNERAL DIRECTOR: Sylvester Dulle ADDRESS: J C Mo.
25. DATE RECD. BY LOCAL REG.: 11-26-60
26. REGISTRAR'S SIGNATURE: Mrs. Lelyde Marston

(Licensed Embalmer's Statement on Reverse Side)

DEC 9 1960 SA

JAN 11 1958 SA

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_____ Signed Sylvester Dulle

Signature of Student Embalmer

Licensed Embalmer No. 432 1

P. O. Address Jefferson City

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