

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-030300

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 182

FILED AUG 31 1961

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Morgan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla	Length of stay in 1b 75 min.	c. CITY OR TOWN Stover	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Phelps County Hospital		d. STREET ADDRESS (If outside, give location) RR 1, Box 117	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First	Middle	Last	Month	Day	Year	
CHARLIE	WALTER	LINNEY	August	18	1961	

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 29 Jun 1941	9. AGE (last birthday) 20	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier	10b. KIND OF BUSINESS OR INDUSTRY US Army	11. BIRTHPLACE (City and state or country) Benton County, Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME J. B. Linney	13b. MOTHER'S MAIDEN NAME Deceased	14. NAME OF HUSBAND OR WIFE Jo Ann Linney
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 29 May 59 to present	17. INFORMANT Address Jo Ann Linney, Stover, Missouri
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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) Subarachnoid and Intracerebral Hemorrhage		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Skull Fracture	
	DUE TO (c) Automobile Accident	

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
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Lost control of automobile and overturned landing on driver.
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20c. TIME OF INJURY 10:10 p.m.	Month, Day, Year 8-18-61
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	20f. CITY, TOWN, OR LOCATION 11 Mi West of Rolla HW 66 Phelps Missouri	COUNTY	STATE
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21. I attended the deceased from **August 18, 1961** to **August 18, 1961** and last saw him alive on **August 18, 1961**
Death occurred at **11:10 P.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Wm R. Lytle M.D.</i>	22b. ADDRESS Rolla Mo	22c. DATE SIGNED 8/22/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/23/61	23c. NAME OF CEMETERY OR CREMATORY Stover Cemetery	23d. LOCATION (City, town, or county) Stover Missouri
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24. FUNERAL DIRECTOR Scrivner Stevenson Stover, Mo.	25. DATE RECD. BY LOCAL REG. Aug 22, 1961	26. REGISTRAR'S SIGNATURE <i>Nadene L. Stoll</i>
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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

SEP 29 1961

Faint, mostly illegible text, possibly containing a header or form fields.

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 John R. Scum
Licensed Embalmer No. 4880

P. O. Address Verona, N.J.

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.