

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036104  
STATE FILE NUMBER

AMENDED

Registration District No. 44 Primary Registration District No. 4062 Registrar's No. 25

**FILED NOV 14 1961**

1. PLACE OF DEATH a. COUNTY <b>Caldwell</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Caldwell</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cowgill</b>		Length of stay in 1b	c. CITY OR TOWN <b>Cowgill</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Cowgill</b>
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>James</b> Middle <b>Ross</b> Last <b>Linville</b>			4. DATE OF DEATH Month <b>10</b> Day <b>29</b> Year <b>1961</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-24-1876</b>	9. AGE (last birthday) <b>85</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer ret</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>self</b>	11. BIRTHPLACE (City and state or country) <b>Norborne, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William L. Linville</b>		13b. MOTHER'S MAIDEN NAME <b>Delillah Glaze</b>		14. NAME OF HUSBAND OR WIFE <b>Effie Linville</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <b>L</b>	17. INFORMANT Address <b>Mrs. Effie Linville, Cowgill, Mo.</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY: PART I. IMMEDIATE CAUSE (a) <b>Medullary Paralysis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>minutes</b>
DUE TO (b) <b>Obstructed Colon</b>		<b>1 1/2 hr</b>
DUE TO (c) <b>Annular Carcinoma</b>		<b>unknown</b>
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

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 6-29-61 to 10-29-61 and last saw him alive on 10-29-61  
Death occurred at 7:40 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Chas. Wright DO</b>	22b. ADDRESS <b>Bucknidge Mo</b>	22c. DATE SIGNED <b>10-1-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>10-31-1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Cowgill Cemetery</b>
24. FUNERAL DIRECTOR ADDRESS <b>Clark Funeral Home, Kingston, Mo 11-7-61</b>		23d. LOCATION (City, town, or county) (State) <b>Cowgill, Missouri</b>

25. DATE RECD. BY LOCAL REG. 11-7-61 26. REGISTRAR'S SIGNATURE Mrs. Lucille Zingail  
(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Loramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston

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.