

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023826

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 85

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

FILED JUN 19 1962	
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bedford Twp</u> Length of stay in lb <u>14 Dvs</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lincoln Co Memorial Hosp</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Warren</u> c. CITY OR TOWN <u>Wright City</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside give location) <u>Wright City</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Elroy</u> Middle <u>H</u> Last <u>Linnenbringer</u>	
4. DATE OF DEATH Month <u>June</u> Day <u>9</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/27/05</u>
9. AGE (last birthday) <u>57</u> 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) <u>Elevator Employee</u>	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) <u>St Charles CO</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>Ed Linnenbringer</u>	
13b. MOTHER'S MAIDEN NAME <u>Emma Dieckman</u>	
14. NAME OF HUSBAND OR WIFE <u>Agnes Linnehbringer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
17. INFORMANT Address <u>Agnes Linnenbringer Wright City</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocardial Infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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	
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>5-28-62</u> to <u>6-9-62</u> and last saw him alive on <u>6-9-62</u> Death occurred at <u>9:25 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>R. Schow</u>	
22b. ADDRESS <u>Troy MO</u>	
22c. DATE SIGNED <u>6-12-62</u>	
23a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>6/12/62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Wright City Cemetery</u>	
23d. LOCATION (City, town, or county) (State) <u>Wright City MO</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Nieburg Furn &amp; Und CO Wright City</u>	
25. DATE RECD. BY LOCAL REG. <u>6-12-1962</u>	
26. REGISTRAR'S SIGNATURE <u>Charlotte Leek</u>	

MAY 28 1962

MAY 28 1963

JUL 10 1962

**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 Julius J. Reburg

Licensed Embalmer No. 3366

P. O. Address Wright City, Mo.

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.