

FILED JAN 23 1950

STANDARD CERTIFICATE OF DEATH

State File No. 256

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) 1 Mo. 9 days		d. STREET ADDRESS (If rural, give location) 805 S. 19th	
d. FULL NAME OF HOSPITAL OR INSTITUTION 805 S. 19th		d. STREET ADDRESS (If rural, give location) 805 S. 19th	

3. NAME OF DECEASED (Type or Print) Jennie Lineberry n			4. DATE OF DEATH Jan. 14, 1950		
5. SEX female/		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	
8. DATE OF BIRTH Mar. 3, 1860		9. AGE (In years last birthday) 89		10. MONTH (Day) (Year) 10 11	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Mississippi /	
12. CITIZEN OF WHAT COUNTRY USA					

13a. FATHER'S NAME George Reaves		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Luther Lineberry	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joe Lineberry, St. Joseph, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerotic Heart Disease DUE TO (c) Atherosclerosis general II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 2 4 hrs ? ? 4 500	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1-9, 1950, to 1-14, 1950, that I last saw the deceased alive on 1-9, 1950, and that death occurred at 12:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE Wm. B. Root M.D.		23b. ADDRESS St. Joseph, Mo. 510 Carby Bldg.		23c. DATE SIGNED 1-14-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1/15/1950		24c. NAME OF CEMETERY OR CREMATORY Berry Cemetery	
				24d. LOCATION (City, town, or county) (State) Gashland, Missouri	

DATE REC'D BY LOCAL REG. Jan. 17, 1950		REGISTRAR'S SIGNATURE E. C. Jenkins 382		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Nestor Bauman Funeral, St. Joseph, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Wm. B. Priest

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
Student Embalmer

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 South St. Joseph

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 this body is not embalmed, fact should be so stated above.