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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26597

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 777

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield 1396	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 1043 W. Webster	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1043 W. Webster			

3. NAME OF DECEASED (Type or Print) a. (First) Fred	b. (Middle) E.	c. (Last) Linebarger	4. DATE OF DEATH (Month) (Day) (Year) Sept. 2 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH Aug. 16 1886	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Sec. Forman	10b. KIND OF BUSINESS OR INDUSTRY Sec. Forman	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Micheal Linebarger	13b. MOTHER'S MAIDEN NAME Malinda Burton	14. NAME OF HUSBAND OR WIFE Pearl Linebarger
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pearl Linebarger Springfield Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction		10 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Coronary Thrombosis DUE TO (c)		3 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Thrombosis, Old,		4201	

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION Right Testis - atrophic	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **April 1949** to **Sept 2, 1950**, that I last saw the deceased alive on **Sept 2, 1950**, and that death occurred at **9:30p m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William J. Darr, M.D.	23b. ADDRESS 609 Cherry, Springfield	23c. DATE SIGNED 9/4/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9-5-50	24c. NAME OF CEMETERY OR CREMATORY HAZELWOOD CEM.	24d. LOCATION (City, town or county) (State) SPRINGFIELD MO.
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DATE REC'D BY LOCAL REG. 9-7-50	REGISTRAR'S SIGNATURE W E Hudby	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. W. Klingner & Co. Springfield
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MAR 2 1951

SEP 12 1950

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.

Signed _____

Max Rhodes
Licensed Embalmer No. *4071*
P. O. Address *Springfield*

Signed _____
Student Embalmer

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.