

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19312

State File No.

FILED JUN 25 1952

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 4026 Registrar's No. 45

0050

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

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Purdy</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Purdy</u>	
c. LENGTH OF STAY (in this place) <u>3 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home, Purdy</u>			

3. NAME OF DECEASED a. (First) <u>Samantha</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Linebarger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 14 1952</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>August 24, 1866</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>20</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Virginia, Lee County</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Wm. A. Jones</u>	13b. MOTHER'S MAIDEN NAME <u>Minesa Ann (Unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>E.B. Linebarger deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Rosebert Linebarger Purdy, Mo.</u>	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>42 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4222</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	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 3-27, 1948 to 6-14, 1952; that I last saw the deceased alive on 6-14, 1952, and that death occurred at 12:20 m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. S. Baldwin</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Purdy Mo.</u>	23c. DATE SIGNED <u>6-17-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 17, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Exeter cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Exeter, Barry Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-17-52</u>	REGISTRAR'S SIGNATURE <u>Oliver A. Warming</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bennett-Warmington</u>	ADDRESS <u>Monett Mo.</u>
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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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____



Licensed Embalmer No. 4213

P. O. Address Morett, 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 this body is not embalmed, fact should be so stated above.