

FILED APR 19 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **12602**

BIRTH NO. _____		REG. DIST. NO. <b>385</b>		PRIMARY REG. DIST. NO. <b>30 39</b>		Registrar's No. <b>22</b>		
1. PLACE OF DEATH a. COUNTY <b>Linn</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Linn</b>				
b. CITY (If outside corporate limits, write RURAL and give township) <b>Marceline</b>		c. LENGTH OF STAY (In this place) <b>13 da.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR <b>Marceline, Mo</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>058/0</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOSEPH HENRY</b> b. (Middle) <b>LINEBAUGH</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>4 5 54</b>		5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>		8. DATE OF BIRTH <b>4/3/1876</b>		9. AGE (In years last birthday) <b>78</b>		IF UNDER 1 YEAR Months <b>2</b>	IF UNDER 2 HRS. Days <b>2</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Chariton Co.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Isaac Linebaugh</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Lake</b>		14. NAME OF HUSBAND OR WIFE <b>Nannie (deceased)</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Roy Linebaugh Marceline, Mo</b>				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>GENERALIZED ARTERIOSCLEROSIS</b> ANTECEDENT CAUSES <b>ARTERIOSCLEROTIC HEART DISEASE</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) <b>6010 X</b>				INTERVAL BETWEEN ONSET AND DEATH <b>UNKNOWN</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>PROSTATIC OBSTRUCTION</b>		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>CYSTOTOMY PERFORMED TO RELIEVE ABOVE #11</b>		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)		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 <b>SEPT 19 53</b> , to <b>APRIL 19 54</b> , that I last saw the deceased alive on <b>APRIL 4, 1954</b> , and that death occurred at <b>1:50 A.M.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>Paul T. Berry M.D.</b>				23b. ADDRESS <b>Marceline, Mo.</b>		23c. DATE SIGNED <b>4-6-54</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>B</b>		24b. DATE <b>4/7/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet</b>		24d. LOCATION (City, town, or county) (State) <b>Marceline, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>4-6-54</b>		REGISTRAR'S SIGNATURE <b>Mary Jane Ridgway</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>James M. Laughlin</b>		ADDRESS <b>Marceline, Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48581  
0

**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

*George B. Trammell*

Licensed Embalmer No. *4425*

P. O. Address

*Maritime P.O.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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