

FILED OCT 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34537

State File No.

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 440

1. PLACE OF DEATH a. COUNTY <u>LINN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LINN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BROOKFIELD</u>	c. LENGTH OF STAY (in this place) <u>35 YRS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BROOKFIELD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>219 HUNT ST.</u>		d. STREET ADDRESS (If rural, give location) <u>219 HUNT ST.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GLEN G.</u> b. (Middle) <u>LINEBERRY</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 19, 1954</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUG. 22, 1905</u>		9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>49</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>REFRIGERATION</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ST. CATHERINE, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>PATRICK LINEBERRY</u>		13b. MOTHER'S MAIDEN NAME <u>HATTIE CHRISTIAN</u>		14. NAME OF HUSBAND OR WIFE <u>JULIA PARADISE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JULIA LINEBERRY, BROOKFIELD, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>Instant.</u>
i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Self-inflicted traumatic wound.</u>		ii. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
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.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Brookfield Linn Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct. 19 5:45 p.m.</u>			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 Oct. 20, 1954, 1954, that I last saw the deceased alive on Oct. 19, 1954, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John W. White</u> (Degree or title)		23b. ADDRESS <u>Brookfield, Mo.</u>		23c. DATE SIGNED <u>Oct 20 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>OCT. 21, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. MICHAEL</u>		24d. LOCATION (City, town, or county) (State) <u>BROOKFIELD, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>10-21-54</u>	REGISTRAR'S SIGNATURE <u>Nadine Stanback</u> 167 Reg.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WRIGHT FUNERAL HOME, BROOKFIELD, Mo.</u>		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1930
1930

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

Harold B. Wright

Licensed Embalmer No. 3918

P. O. Address Brookfield, 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.