

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26685

State File No. ....

FILED AUG 27 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 253

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Clinton</b>	c. LENGTH OF STAY (in this place) <b>1 Day</b>	c. CITY OR TOWN <b>Norris</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Clinton General Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>Big Creek Township</b> <i>0420</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ralph</b> b. (Middle) <b>Thornton</b> c. (Last) <b>Linnberger</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 19, 1956</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 30, 1885</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>19</b>	IF UNDER 24 HRS. Hours <b></b> Mins. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Nebraska</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>T. Rush Lionberger</b>	13b. MOTHER'S MAIDEN NAME <b>Etta Thornton</b>	14. NAME OF HUSBAND OR WIFE <b>Audra Lionberger</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>545-36-1507</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ralph T. Lionberger</b>	ADDRESS <b>Blairstown, Mo.</b>
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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 <b>2 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction</b>		5 yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b> DUE TO (c) <b>Aggravated by lung resection</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>1) Carcinoma of lung 2) Spontaneous Colitis</b>		<b>4 260H</b>	<b>4 years 3 years</b>

19a. DATE OF OPERATION <b>8-30-1952</b>	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of lung - resection right lung</b>	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) (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 1-5, 1956, to 8-19, 1956, that I last saw the deceased alive on 8-19, 1956, and that death occurred at 8 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. B. Bradshaw, M.D.</b>	23b. ADDRESS <b>Clinton, Mo.</b>	23c. DATE SIGNED <b>8-21-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 22, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Englewood Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Clinton, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>8-21-56</b>	REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. A. Varsault</b>	ADDRESS <b>Clinton, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

5210

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *H. Harsant*

Licensed Embalmer No. *3779*

P. O. Address *Clinton*

. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.