

STANDARD CERTIFICATE OF DEATH

41215
STATE FILE NUMBER

FILED DEC 2 - 1957

Registration District No. 241 Primary Registration District No. 4360 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY NEW MADRID			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY NEW MADRID		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PORTAGEVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN PORTAGEVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOCTOR'S CLINIC		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE LAST EUGENE LINEBERRY			4. DATE OF DEATH Month Day Year NOVEMBER 19, 1957		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE 22, 1913	9. AGE (In years last birthday) 44	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TECHNICIAN		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) OSHRAN, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME J. L. LINEBERRY			14. MOTHER'S MAIDEN NAME ALICE WERRE		
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 Address RS. EUGENE LINEBERRY PORTAGEVILLE, MO.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardiac arrest</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>diffuse bronchiolitis</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <i>several minutes</i> <i>10 days</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <i>18 Nov 57</i> to <i>19 Nov 57</i> and last saw <i>him</i> alive on <i>19 Nov 57</i> . Death occurred at <i>10:35</i> <i>PM</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
21a. SIGNATURE <i>R. Smith M. D.</i> (Degree of M.D.)			21b. ADDRESS <i>Portageville, Mo.</i>		21c. DATE SIGNED <i>2/1/57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE NOV. 21, 1957	23c. NAME OF CEMETERY OR CREMATORY PORTAGEVILLE CEMETERY		23d. LOCATION (City, town, or county) (State) PORTAGEVILLE, MISSOURI	
24. FUNERAL DIRECTOR ADDRESS DEBISLE FUNERAL PARLOR PORTAGEVILLE, MO.		25. DATE RECD. BY LOCAL REG. <i>Nov. 23, 1957</i>	26. REGISTRAR'S SIGNATURE <i>Ellen W. G. G. G.</i>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health,
Welfare
Public
Service300
1-56

All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

DEC 6 1957

DATE RECEIVED NOV 27 1957
NEW MADRID CO. HEALTH CENTER

P. J. S.

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.....

Licensed Embalmer No. 1448

P. O. Address Portsmouth

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.