FILED JAN 22 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1866
STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 13

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Mt. Vernon — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Mo. S. Sanatorium — Length of stay in 1b: 874 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Pemiscot
c. CITY OR TOWN: Bragg City 0780 — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Route 1 — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Willie Middle: McCree Last: Lineberry

4. DATE OF DEATH: Month: Jan. Day: 12 Year: 1958

5. SEX: Male **6. COLOR OR RACE**: White **7. MARRIED** ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐ **8. DATE OF BIRTH**: 11-14-14 **9. AGE** (In years last birthday): 43 IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Work in cotton gin
10b. KIND OF BUSINESS OR INDUSTRY: cotton gin
11. BIRTHPLACE (City and state or country): Gibson County, Tennessee
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Thomas Cleveland Lineberry
13b. MOTHER'S MAIDEN NAME: Clara Lee Simmons
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 408-26-2073
17. INFORMANT Address: San. Records, Mo. S. S., Mt. Vernon, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary embolus — INTERVAL BETWEEN ONSET AND DEATH: Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Thrombophlebitis — 1 week
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Pulmonary tuberculosis with empyema

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 8-22-55, to 1-12-58 and last saw him alive on 1-12-58
Death occurred at 12:55 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John W. Polk, MD (Degree or title)
22b. ADDRESS: Mt. Vernon, Mo.
22c. DATE SIGNED: 1-15-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 1-12-58
23c. NAME OF CEMETERY OR CREMATORY:
23d. LOCATION (City, town, or county): Kennett (State): Mo

24. FUNERAL DIRECTOR: May L Forrest ADDRESS: Mt Vernon Mo
25. DATE RECD. BY LOCAL REG.: 1-15-58
26. REGISTRAR'S SIGNATURE: Cecil Hendricks

(Licensed Embalmer's Statement on Reverse Side)

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 Max L. Fossett

Licensed Embalmer No. 4252

P. O. Address Mt Vernon 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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