

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006345

STATE FILE NUMBER

FILED FEB 17 1958

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 20

300
1-56

All diseases in Part I must be casually 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 casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, give TOWNSHIP only) OR TOWN <u>BROOKFIELD</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>BROOKFIELD</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>McLARNY Hosp.</u>			Length of stay in lb			d. STREET (If outside, give location) ADDRESS <u>612 LINN ST.</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>JOHN WESLEY LINEBERRY</u>				4. DATE OF DEATH Month Day Year <u>FEB. 8, 1958</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>MAY 24, 1884</u>		9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>BUILDING</u>		11. BIRTHPLACE (City and state or country) <u>ST. CATHERINE, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13. FATHER'S NAME <u>WESLEY LINEBERRY</u>				14. MOTHER'S MAIDEN NAME <u>WACONDA LANGWELL</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. <u>448-10-8370</u>		17. INFORMANT Address <u>MRS. LEONA LINEBERRY, BROOKFIELD, MO</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Wernia</u>							INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Senescent arteriosclerosis with glomerular nephritis.</u>					
		DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Dysentery Shonbanis -</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
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.) <u>-</u>				
20c. TIME OF INJURY Hour a. m. p. m. <u>-</u>			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.) <u>-</u>			20f. CITY, TOWN, OR LOCATION <u>-</u>		COUNTY		STATE
21. I attended the deceased from <u>12/10/55</u> to <u>2/8/58</u> and last saw her alive on <u>2/8/58</u> . Death occurred at <u>1:30 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>R. W. Schubert M.D.</u>				22b. ADDRESS <u>Brookfield, Mo.</u>		22c. DATE SIGNED <u>7/10/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>FEB. 12, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ROSE HILL CEM.</u>		23d. LOCATION (City, town, or county) (State) <u>BROOKFIELD, MO</u>		
24. FUNERAL DIRECTOR ADDRESS <u>WRIGHT FUNERAL HOME, BROOKFIELD, MO</u>				25. DATE RECD. BY LOCAL REG. <u>2-11-58</u>		26. REGISTRAR'S SIGNATURE <u>Richard Blum</u>	

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..... *Harold B. Wright*

Licensed Embalmer No. *39*

P. O. Address *Brookfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.