RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-042484

ILED VS DEC 6 1960

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 578

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Jasper	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin — Length of stay in 1b 16 Years	c. CITY OR TOWN Joplin — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1116 Murphy — Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 1116 Murphy — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Stella Middle Lineback Last		4. DATE OF DEATH Month November Day 24 Year 1960	
5. SEX Female	6. COLOR OR RACE "hite	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 20Feb1881
9. AGE (last birthday) 79	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (City and state or country) Bourbon Co., Kansas	12. CITIZEN OF WHAT COUNTRY U S A
13a. FATHER'S NAME John Mitchell	13b. MOTHER'S MAIDEN NAME Tressa Gurdon	14. NAME OF HUSBAND OR WIFE Rene Lewis (Deceased)	
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.	17. INFORMANT Wanda Lineback Address Joplin, Missouri	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Pulmonary edema	1 hour
DUE TO (b)	Myocardial infarction	2 hours
DUE TO (c)	ASHD	Years.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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 Aug 1957, to Nov. 24, 1960 and last saw her/him alive on Nov. 24, 1960

Death occurred at 8:55 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J L Longenecker, M. D.	22b. ADDRESS 617 Frisco Bldg. Joplin Mo.	22c. DATE SIGNED 11-25-60
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 11-28-60	23c. NAME OF CEMETERY OR CREMATORY Osborne Memorial
23d. LOCATION (City, town, or county) Joplin Jasper (State) Mo		
24. FUNERAL DIRECTOR Hurlbut-Glover Mortuary ADDRESS Joplin, Mo.	25. DATE RECD. BY LOCAL REG. 12-1-1960	26. REGISTRAR'S SIGNATURE Dovie Merriano

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

JAN 18 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Dale Gles

Signature of Student Embalmer

Licensed Embalmer No. 4593

P. O. Address Joplin, Missou

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