

pt. Health,
, & Welfare
S. Public
lth Service

FILED VS DEC 15 1960

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

-60-040941

Registration District No. 11 Primary Registration District No. 4024 STATE FILE NUMBER Registrar's No. 184

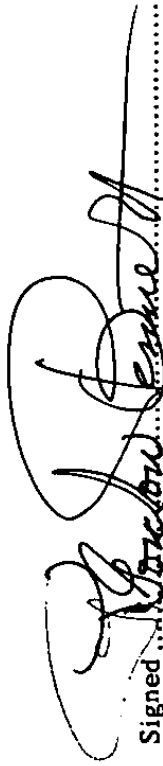
1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cassville</u>		c. CITY OR TOWN <u>Curdy</u> Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cassville Community Hsp</u> 12 hrs		d. STREET ADDRESS (If outside, give location) <u>11/29/60</u> Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Mara Columbia Linebarger</u>		4. DATE OF DEATH Month Day Year <u>Nov. 29 - 1960</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Month Day Year <u>July 20 - 1895 - 63</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. PLACE (City and state or country) <u>Curdy Mo</u>	
13. FATHER'S NAME <u>Single W. H. Whittington</u>		14. NAME OF HUSBAND OR WIFE <u>Elsworth Linebarger</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Gene Linebarger, Curdy 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>Adiposoma Illus</u> DUE TO (b) <u>Acute Circulatory Failure</u> DUE TO (c) <u>Arteriosclerotic Heart Syndrome</u> CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last. <u>12 hrs</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>6 1/2 yrs</u>			
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>442X</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. CITY, TOWN, OR LOCATION COUNTY STATE	
20e. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐		20f. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. attended the deceased from 11/29/60 to 11/29/60		22a. SIGNATURE <u>all 2 same</u> and last saw her alive on 11/29/60	
22b. SIGNATURE <u>all 2 same</u> (Degree or title)		22c. DATE SIGNED <u>11/29/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		23b. DATE <u>Dec. 1 - 1960</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Mr. Pleasant Cemetery</u>		23d. LOCATION (City, town, or county) <u>S.W. of Curdy Mo</u>	
24. FUNERAL DIRECTOR <u>Bennett-Warrington</u>		25. DATE REC'D. BY LOCAL REG. <u>Mo. 12-5-1960</u>	
26. REGISTRAR'S SIGNATURE <u>Trace Williams</u>		26. REGISTRAR'S SIGNATURE	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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. 4213
P. O. Address Ma. et. M.O.

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.