

FILED MAY 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15995

State File No.

No. 300
10-48

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1945</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>LIFE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4267 Olive</u>				d. STREET ADDRESS (If rural, give location) <u>4204 Olive</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>IRENE</u>		b. (Middle)		c. (Last) <u>LINABURY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 3, 1949</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Nov. 8, 1892</u>	
9. AGE (In years last birthday) <u>56</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY, MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>				13a. FATHER'S NAME <u>JOHN FLAHEVE</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH CASEY</u>	
14. NAME OF HUSBAND OR WIFE <u>DON L.</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>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Charles Cullen</u>				ADDRESS <u>4204 Olive</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>abscessed lips</u> DUE TO (c) <u>carcinoma cervix</u>				MEDICAL CERTIFICATION <u>Acute nephritis</u> <u>171X</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u> <u>3 mo</u> <u>6 mo</u>		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec. 1948</u> to <u>May 3, 1949</u> that I last saw the deceased alive on <u>May 2, 1949</u> , and that death occurred at <u>5 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John B. Skinner</u> (Degree or title)				23b. ADDRESS <u>1402 Bryant Blvd. CP No. 5</u>		23c. DATE SIGNED <u>5/3/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>May 3, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-4-49</u>		REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Quirk & Roben</u>		ADDRESS <u>20 West Linwood</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed Maudie Adair

Licensed Embalmer No. 4016

P. O. Address 20 W. Linwood

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