

FILED JUL 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19657  
2767

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>27 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>944 W 33rd Terrace</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>944 W 33rd Terrace</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>FRED</b> b. (Middle) <b>ALBERT</b> c. (Last) <b>LINT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 24 1949</b>		
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>April 15 1881</b>			9. AGE (In years last birthday) <b>68</b>		IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>R R Passenger Brakeman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>C &amp; G W</b>		11. BIRTHPLACE (State or foreign country) <b>Polk City Iowa</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>John Lint</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Crum</b>		14. NAME OF HUSBAND OR WIFE <b>Myrtle Porter Lint</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Myrtle Porter Lint 944 W 33rd Ter.</b>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Cardiac dilatation</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs.</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary occlusion</b>			<b>3 yrs.</b>
		DUE TO (c) <b>arteriosclerotic heart disease</b>			<b>4 yrs.</b>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cerebral embolus</b>			<b>10 days</b>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4200</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min)		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 **Nov. 22, 1946**, to **June 20, 1949**, that I last saw the deceased alive on **June 20, 1949**, and that death occurred at **4 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Herbert Shupe</b> <b>Herbert Shupe M.D.</b>		(Degree or title)		23b. ADDRESS <b>3903 Brooklyn</b>	
				23c. DATE SIGNED <b>6-25-49</b>	

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-27-1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt Moriah</b>	
24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C.H. Blackman &amp; Son, Inc</b>		ADDRESS <b>Kansas City, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>6-27-49</b>		REGISTRAR'S SIGNATURE <b>Staldine Holmes</b>			

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

Dr. Shucry  
3903 Broadway

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 *A. C. Blackman*

Licensed Embalmer No. *3639*

P. O. Address *A. C. 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 this body is not embalmed, fact should be so stated above.