

FILED JAN 12 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **12044**

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

| | | | | | | | | |
|---|-------------------------------|--|-----------------------------|---|---|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 280 | | PRIMARY REG. DIST. NO. 6964 | | Registrar's No. 95 | | |
| 1. PLACE OF DEATH a. COUNTY Platte | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO COUNTY Platte | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural #4 | | c. LENGTH OF STAY (In this place) 60 yrs | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-3 m. East Parkville | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3 mi East Parkville | | | | d. STREET ADDRESS (If rural, give location) R7D.4 | | | | |
| 3. NAME OF DECEASED a. (First) Edward | | | b. (Middle) Phillips | | c. (Last) Linder | | 4. DATE OF DEATH (Month) (Day) (Year) Dec 13 1949 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | | 8. DATE OF BIRTH May 18 1889 | 9. AGE (In years last birthday) 60 | | 10. MONTHS 6 DAYS 25 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farmer | | 11. BIRTHPLACE (State or foreign country) Parkville MO | | 12. CITIZEN OF WHAT COUNTRY? USA | | |
| 13a. FATHER'S NAME Henry Linder | | 13b. MOTHER'S MAIDEN NAME Eve Klamm | | 14. NAME OF HUSBAND OR WIFE Ettie M. Linder | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME Stordon Linder ADDRESS Parkville | | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Has suffered from DUE TO (c) failed heart attacks | | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Interval for past | | | | | 4201 | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 2 years | | | | | 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) | | 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 19 to 19 , that I last saw the deceased alive on which was the last death occurred m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE [Signature] (Degree or title) | | | | 23b. ADDRESS Parkville Mo | | 23c. DATE SIGNED 12/17/49 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE Dec 18-49 | | 24c. NAME OF CEMETERY OR CREMATORY East slope | | 24d. LOCATION (City, town, or county) (State) Parkville Mo | | |
| DATE REC'D BY LOCAL REG. 12-17-49 | | REGISTRAR'S SIGNATURE [Signature] | | 25. FUNERAL DIRECTOR'S SIGNATURE Leland H. Francis | | ADDRESS | | |

