

FILED FEB 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1252

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>350</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>St. Luke's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2405 East 69th Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>THEODORE</u>		b. (Middle) <u>EDWARD</u>		c. (Last) <u>LINCK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 23rd 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>July 26th, 1946</u>	
9. AGE (In years last birthday) <u>3</u>		IF UNDER 1 YEAR Months		IF UNDER 12 HRS. Days		IF UNDER 24 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Theodore A. Linck</u>			13b. MOTHER'S MAIDEN NAME <u>Ruby Mae Borchardt</u>			14. NAME OF HUSBAND OR WIFE <u>---</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>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Theodore a. Linck, 2405 E. 69th Terr., K.C., Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Laceration Liver</u> ANTECEDENT CAUSES <u>Two perforations duodenum</u> DUE TO (b) <u>Trauma to abdomen-Concrete Flower Urn</u> <u>flower urn fell on the abdomen</u> DUE TO (c) <u>Shock</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>18 Hours</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Neighbor Yard</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>23</u> (COUNTY) (STATE) <u>Kansas City, Jackson Missouri</u>			
21d. TIME OF INJURY <u>4:15 Jan. 22, 1950</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> OR NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Climbing on cement flower Urn, same over on self, neighbor's Yard.</u>			
22. I hereby certify that I attended the deceased from <u>January 23 19 50</u> , to <u>Jan. 23rd 19 50</u> , that I last saw the deceased alive on <u>Jan. 22nd 19 50</u> , and that death occurred at <u>3P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Damon Walthall</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>233 Playa Medical</u>		23c. DATE SIGNED <u>Jan 24 50</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 25, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City; town, or county) (State) <u>Kansas City, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>1-24-50</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D.W. NEWCOMER & SONS, KANSAS CITY, MISSOURI</u>			

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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 *W. J. Nofsinger*

Licensed Embalmer No. *3938*

P. O. Address *Kansas City, 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.