

No. 300  
10-48

FILED APR 1 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8757

State File No. 1199

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1199</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>Platte</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (If in place) <u>2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Parkville</u>		<u>0830</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Lakeside Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>R.R. #1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Linda</u>			b. (Middle) <u>Elaine</u>		c. (Last) <u>Iske</u>		4. DATE OF DEATH (Month) <u>Mar</u> (Day) <u>11</u> (Year) <u>1950</u>
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>July 22, 1946</u>	
9. AGE (In years last birthday) <u>3</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>19</u>		IF UNDER 4 HRS. Hours <u></u> Min. <u></u>			
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>Child</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>LeRoy Iske</u>			13b. MOTHER'S MAIDEN NAME <u>Viola M. Robuck</u>			14. NAME OF HUSBAND OR WIFE <u>None</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>LeRoy Iske</u>		ADDRESS <u>R.R. #1, Parkville</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Embryogenic carcinoma</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(arising in the buttock) with metastasis to the lungs.</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>1917</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>917</u>					20. AUTOPSY? YES <input checked="" 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) (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 <u>Pathologist</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Victor B. Knight</u>				23b. ADDRESS <u>370 W 47th K.C. Mo</u>		23c. DATE SIGNED <u>3/12/50</u>	
24a. BURIAL CREMATION (REMOVED) (Specify) <u>Burial</u>		24b. DATE <u>March 14, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Kansas</u>	
DATE REC'D BY LOCAL REG. <u>3-14-50</u>		REGISTRAR'S SIGNATURE <u>Thereldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. H. Long</u>		
					ADDRESS <u>703 N. 10, K.C., Ks.</u>		

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

(Licensed Embalmer's Statement on Reverse Side)

Ms 4928

**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.

Signed Ray E. Rose

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4779

P. O. Address 703 N. 10<sup>th</sup> St., K.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.