

FILED NOV 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37124

State File No.

4738

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>WYANDOTTE</u>	
b. CITY OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> <u>8150</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LUKES HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>37.35 EATON STREET</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWIN</u> b. (Middle) <u>C.</u> c. (Last) <u>LINQUIST</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 7. 1950</u>
5. SEX <u>0</u> <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 4, 1879</u>
9. AGE (In years last birthday) <u>71</u>	10. USUAL OCCUPATION (Give kind of work) <u>RETIRED ENGINEER</u>	11. BIRTHPLACE (State or foreign country) <u>ELSMORE KANSAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S. 17</u>
13a. FATHER'S NAME <u>PETER LINQUIST</u>	13b. MOTHER'S MAIDEN NAME <u>EDNA CARLSON</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. EVA LINQUIST</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>486-03-7730</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. EVA LINQUIST</u> ADDRESS <u>3935 EATON KANSAS CITY KANSAS</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.			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute cardiac failure</u>			4341
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>congestive heart failure</u> DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial Pneumonia</u>			1 day
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>6 Nov</u> , 19 <u>50</u> , to <u>7 Nov</u> , 19 <u>50</u> , that I last saw the deceased <input checked="" type="checkbox"/> alive on <u>7 Nov</u> , 19 <u>50</u> , and that death occurred at <u>11:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. W. Carbaugh</u> (Degree or title) <u>mission, Kans.</u>		23b. ADDRESS _____	23c. DATE SIGNED <u>8 Nov 1950</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>NOV-10-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
DATE REC'D BY LOCAL REG. <u>11-10-50</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. H. Newcomer Sons</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Charles H. Stuckey

Signed.....
Student Embalmer

Licensed Embalmer No. 4560

P. O. Address KE 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.