

FILED JUL 5 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20563  
REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2770

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

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>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>ST JOSEPH HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>1611 West 41st STREET</b>	
3. NAME OF DECEASED a. (First) <b>HARRY T.</b> b. (Middle) <b>LINDBERG</b> c. (Last)		4. DATE OF DEATH <b>JUNE 16, 1952</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>2/19/1882</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>OFFICE MANAGER</b>	9b. KIND OF BUSINESS OR INDUSTRY <b>DYER HAY CO.</b>	10. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI</b>	11. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
12a. FATHER'S NAME <b>CARL F. LINDBERG</b>	12b. MOTHER'S MAIDEN NAME <b>ANNA C. BJURSTROM</b>	13. NAME OF HUSBAND OR WIFE <b>MRS CHARLOTTE M. LINDBERG</b>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	15. SOCIAL SECURITY NO. <b>310-05-5167</b>	16. INFORMANT'S SIGNATURE OR NAME <b>MRS. CHARLOTTE M. LINDBERG, KCMO</b> ADDRESS	
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) <b>Fractured Divertericulum Colon (P.T.)</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) m.	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 <b>May 11, 1952</b> to <b>June 16, 1952</b> , that I last saw the deceased alive on <b>June 16, 1952</b> and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <b>John O. Skinner</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>1402 Bryant/KCMO</b>	23c. DATE SIGNED <b>6/17-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>6/19/1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK CEMETERY, KANSAS CITY, MISSOURI</b>	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <b>6-17-52</b>	REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>GATES FUNERAL HOME, KANSAS CITY, KANSAS</b> ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

DR. J. O. SKINNE  
Bryant Bldg.  
VI 7010 1102

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

*Jimmy S. Hucksborn*

Licensed Embalmer No. 4092

P. O. Address Missin, Tenn.

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.