

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42349**
5619

FILED JAN 5 1953
BIRTH NO. _____

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

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 4 Years		d. STREET ADDRESS (If rural, give location) 3609 Wabash Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3635 Prospect (In Street)			
3. NAME OF DECEASED (Type or Print) a. (First) Zola b. (Middle) _____ c. (Last) LINDER		4. DATE OF DEATH (Month) (Day) (Year) Dec. 21, 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Sept. 20th, 1930
9. AGE (In years last birthday) 22		10. KIND OF BUSINESS OR INDUSTRY Restaurant	11. BIRTHPLACE (City and State or Foreign Country) Ava, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Edward Linder		13b. MOTHER'S MAIDEN NAME Cora Freeman	
14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Elda Vandell		ADDRESS 3609 Wabash, K. C. Mo.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Chest fractured Pelvis ruptured liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Profuse hemorrhage II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) Home	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Kansas City Jackson MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-21-52		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Struck by auto (Pedestrian)			
22. I hereby certify that I attended the deceased from _____, 19____, 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 Hugh H. Owens (Degree or title)		23b. ADDRESS 1034 Pickett Bldg	
23c. DATE SIGNED 12-22-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal & Burial		24b. DATE 12/23/52	
24c. NAME OF CEMETERY OR CREMATORY Brushy Knob Cem.		24d. LOCATION (City, town, or county) (State) Ava Missouri	
DATE REC'D BY LOCAL REG. 12-23-52		REGISTRAR'S SIGNATURE Geraldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Mellody-McGilley-Eylar		ADDRESS K. C. Mo.	

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. 448

working under my personal supervision.

Student Arthur E. Nash.....

Student Embalmer

Signed _____

Licensed Embalmer No. 4063

P. O. Address K. P. 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.