

FILED NOV 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33357

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4706

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 town or township) Kansas City
c. LENGTH OF STAY (in this place) 52 yrs.

c. CITY OR TOWN Kansas City
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran Hospital

STREET ADDRESS (If rural, give location) 3038 Baltimore

3. NAME OF DECEASED (Type or Print)
a. (First) ALICE b. (Middle) _____ c. (Last) LESTER

4. DATE OF DEATH (Month) (Day) (Year)
NOV. 1st, 1955

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Oct. 31, 1888

9. AGE (In years) (Last birthday) 67
IF UNDER 1 YEAR Months _____ Days _____
IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY at home

11. BIRTHPLACE (City and State or Foreign Country) Paola, Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Linebaugh

13b. MOTHER'S MAIDEN NAME unknown

14. NAME OF HUSBAND OR WIFE Frank Lester

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Virgie Carroll- 35 East 34th St.

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 CERTIFICATE
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema + Congestion
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Encephalopathy, type undetermined
DUE TO (c) Fracture Rt Femur
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Fracture Rt Femur

19a. DATE OF OPERATION 10-26-55

19b. MAJOR FINDINGS OF OPERATION Intra-medullary bleeding

20. AUTOPSY? YES NO

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____

21b. PLACE OF INJURY (e.g., in or about home, school, factory, street, office bldg., etc.) Home

21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) Kansas City, Jackson, Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept- 1955

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? fell in yard

22. I hereby certify that I attended the deceased from Oct-17, 1955, to Nov-1, 1955, that I last saw the deceased alive on Nov-1, 1955 and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE Carl H. Brust (Degree or title) MD

23b. ADDRESS 106 W 14th St R.C. Mo

23c. DATE SIGNED 11-2-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 11/3/55

24c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery

24d. LOCATION (City, town, or county) (State) Kansas City, Kansas

DATE REC'D BY LOCAL REG. 11-2-55

REGISTRAR'S SIGNATURE Neva Marshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS QUIRK & TOBIN-20 W. LINWOOD, K. C. MO.

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

BN
2,30
0060

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 Thomas A. Kuebler, Student Embalmer No. 52 working under my personal supervision..

Student Thomas A. Kuebler
Signature of Student Embalmer

Signed Forrest D. Goldsboro

Licensed Embalmer No. 471

P. O. Address K. C. 7th

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.