

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **3889**BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **228**

1. PLACE OF DEATH a. COUNTY Buchanan		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 St. Joseph		c. LENGTH OF STAY (In this place) 9 yrs.	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital #2.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 2546 Benton Blvd.		33781	
3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) Warner c. (Last) Lindner			4. DATE OF DEATH (Month) (Day) (Year) February 28, 1956.
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH September 15, 1928
9. AGE (In years last birthday) 27	IF UNDER 1 YEAR Months 27 Days 0 Hours 0 Min. 0	11. BIRTHPLACE (City and State or Foreign Country) Nuremburg, Germany	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY none	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Emil Lindler		13b. MOTHER'S MAIDEN NAME Margarite Wylar	14. NAME OF HUSBAND OR WIFE none
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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Richard S. Wylar Kansas City, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES DUE TO (b) Convulsive seizures DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Had prefrontal Lobotomy 6-23-48	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X	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)	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 Jan. 1, 1952 , to Feb. 28, 1956 , that I last saw the deceased alive on Feb. 28, 1956 , and that death occurred at 8:15 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. Orville Thomas M.D.		23b. ADDRESS Dr. Joseph M. D. St. Joseph No 2	23c. DATE SIGNED 2/28-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 29, 1956	24c. NAME OF CEMETERY OR CREMATORY Stine & McClure Mortuary	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
DATE REC'D BY LOCAL REG. Mar 1, 1956	REGISTRAR'S SIGNATURE Kather M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Millerhoffer - Sherman St. Joseph, Mo.	

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

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SA

APR 12 1956
SA
APR 25 1956

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.....
Signature of Student Embalmer

Signed *Raymond H. Morek*
Licensed Embalmer No..... 4413

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