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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4923

State File No. \_\_\_\_\_

890

BIRTH NO. 15143-56 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Overland Park</b>	
c. LENGTH OF STAY (in this place) <b>12 days</b>		d. STREET ADDRESS (If rural, give location) <b>8005 W 86th.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Trinity Lutheran Hosp.</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>Jane</b>	b. (Middle) <b>Denise</b>	c. (Last) <b>Lindahl</b>	<b>Feb. 27 1956</b>		

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Feb. 15 1956</b>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <b>12</b>	IF UNDER 12 HRS. Days <b>12</b>	IF UNDER 1 MIN. Hours <b>12</b>	IF UNDER 1 MIN. Mins. <b>12</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>infant</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Kansas City, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Paul A Lindahl</b>	13b. MOTHER'S MAIDEN NAME <b>Twila M Erikson</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Paul A Lindahl</b>	ADDRESS <b>Overland Park, Ks.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Aspiration pneumonia</b>		7635
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Premature infant 32 wks</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>none</b>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2-15, 1956, to 2-27, 1956, that I last saw the deceased alive on 2-26, 1956, and that death occurred at 4 a m., from the causes and on the date stated above.

23a. SIGNATURE <b>B. C. Altenbernd</b> (Degree or title) <b>M D.</b>	23b. ADDRESS <b>8640 Marty, Overland Park Ks</b>	23c. DATE SIGNED <b>2-21-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb. 28 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Swedish</b>	24d. LOCATION (City, town, or county) (State) <b>Osage City, Kansas</b>
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DATE REC'D BY LOCAL REG. <b>2-28-56</b>	REGISTRAR'S SIGNATURE <b>Neval Marshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wilbur Hoge</b>	ADDRESS <b>Overland Park, Kan</b>
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed J. Royce Hoge

Licensed Embalmer No. 3579

P. O. Address Oakland Park, Fla.

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.