

FILED AUG 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27008

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3413	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Johnson			
b. CITY (If outside corporate limits, write RURAL and give town or township) Kansas City		c. LENGTH OF STAY (in this place) 10 Days		c. CITY (If outside corporate limits, write RURAL and give township) Lenexa		650	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lakeside Hospital				d. STREET ADDRESS (If rural, give location) 10609 Switzer			
3. NAME OF DECEASED (Type or Print) a. (First) Adolph b. (Middle) Fred c. (Last) Lintner			4. DATE OF DEATH (Month) Aug. (Day) 6 (Year) 56				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 9, 1890	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Lintner		13b. MOTHER'S MAIDEN NAME Mary Knop		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) Yes World War I		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Chris Voog 10609 Switzer Lenexa, Ks. 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HYPOSTATIC PNEUMONIA. 4 DAYS. INTERVAL BETWEEN ONSET AND DEATH 11 DAYS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) SHOCK & INJURY TO LUMBAR SPINE DUE TO (c) FALL (ACCIDENT) 7-26-56 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PARKINSON'S DISEASE 250% 10 YRS					
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) ACCIDENT		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME		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? PT. FELL AFTER STUMBLING DUE TO PARKINSON'S DISEASE			
22. I hereby certify that I attended the deceased from _____, 1946, to 8-6, 1956, that I last saw the deceased alive on 8-6, 1956, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE C.A. Schwab, D.O. (Degree or title) Dr. C.A. Schwab M.D.				23b. ADDRESS 801 2 DICKLAND PARK, KS		23c. DATE SIGNED 8-7-56	
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE Aug. 8, 1956		24c. NAME OF CEMETERY OR CREMATORY Pleasant View		24d. LOCATION (City, town, or county) (State) Shawnee Kansas	
DATE REC'D BY LOCAL REG. 8-7-56		REGISTRAR'S SIGNATURE Miss Miniball		25. FUNERAL DIRECTOR'S SIGNATURE G. Royce Hoge		ADDRESS 125 Overland Park	

(Licensed Embalmer's Statement on Reverse Side)

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

ms 2-35

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

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.