

FILED SEP 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30818

State File No. ....

3923

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3923

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>24 yrs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Northeast Osteopathic</u>		STREET ADDRESS (If rural, give location) <u>324 No Denver</u> <u>30780</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Gurtis</u> c. (Last) <u>Linebeck</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-4-56</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>6-29-1888</u>
9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Barbershop</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Wellington Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
13a. FATHER'S NAME <u>Frank Linebeck</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen Murphy</u>	14. NAME OF HUSBAND OR WIFE <u>Ida May Linebeck</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>48834-5883</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Thelma B. Carlton</u> ADDRESS <u>324 Denver</u>	
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, aneurysm, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial infarction</u> ANTECEDENT CAUSES DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u>Atherosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>	
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)	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) (Min.)	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 <u>Sept 4, 1956</u> , to <u>Sept 4, 1956</u> , that I last saw the deceased alive on <u>Sept 4, 1956</u> , and that death occurred at <u>4:51 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Frank E. Day D.D.</u>		23b. ADDRESS <u>4314 89th K.C. Mo.</u>	23c. DATE SIGNED <u>9-6-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9/6/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Washington</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>
DATE REC'D BY LOCAL REG. <u>9-6-56</u>	REGISTRAR'S SIGNATURE <u>neva m...hall</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. Cherson Independence, Mo</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Frank E. Day

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 C. Ray Landerbach, Student Embalmer No. 535 working under my personal supervision..

Student C. Ray Landerbach  
Signature of Student Embalmer

Signed Harold E. Woodard

Licensed Embalmer No. 4609

P. O. Address 4609

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.