. Health,
& Welfare
Public
Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-036476
STATE FILE NUMBER

FILED NOV 14 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5094

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN: KANSAS City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): LAKESIDE Hospital — Length of stay in 1b: 2-DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: JACKSON
c. CITY OR TOWN: HICKMAN Mills — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 11130 APPLEWOOD DRIVE — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: RALPH Middle: SCOTT Last: LINDE
4. DATE OF DEATH: Month October Day 25 Year 1958
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: FEB. 10, 1896
9. AGE (In years last birthday): 62 — 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): Building ENGINEER
10b. KIND OF BUSINESS OR INDUSTRY: K.C. POWER + Light
11. BIRTHPLACE (City and state or country): WYANDOTTE COUNTY KANSAS
12. CITIZEN OF WHAT COUNTRY?: U. S. A
13a. FATHER'S NAME: JOHN F. LINDE
13b. MOTHER'S MAIDEN NAME: ODA M. SCOTT
14. NAME OF ~~HUSBAND OR~~ WIFE: CLARE LINDE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WORLD WAR I
16. SOCIAL SECURITY NO.: 487-01-0511
17. INFORMANT: MRS. CLARE LINDE — Address: 11130 APPLEWOOD DR. HICKMAN MILLS, MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Wed to Sat AM and last saw her/him alive on 10/25/58
Death occurred at 10/25/58 1:40 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: James E. Griffin Jr. (Degree or title) — 22b. ADDRESS: 3900 Paseo KCMo — 22c. DATE SIGNED: 10/25/58

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: OCT. 28-1958
23c. NAME OF CEMETERY ~~OR CREMATORY~~: MEMORIAL PARK CEMETERY
23d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR — ADDRESS: D.W. NEWCOMER'S SONS 1331 BRUSH CREEK K.C., MO.
25. DATE RECD. BY LOCAL REG.: 10-28-58
26. REGISTRAR'S SIGNATURE: Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

James E. Griffin, Jr.

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 M. Hardy

Licensed Embalmer No. 4913

P. O. Address Independence, 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.