

JRL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 17 1960

-60-005538

STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>North Kansas City</u>		Length of stay in 1b <u>10 da.</u>	c. CITY OR TOWN <u>Parkville</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hosp. N.K.C.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R-5 Bx 150</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Clara</u> Middle <u>maria</u> Last <u>Linder</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>8</u> , Year <u>1960</u>	
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 5-1879</u>	9. AGE (last birthday) <u>81</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>house keeper</u>	11. BIRTHPLACE (City and state or country) <u>Ottawa Kansas</u>	12. CITIZEN OF WHAT COUNTRY
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13a. FATHER'S NAME <u>Jacob Hermann</u>	13b. MOTHER'S MAIDEN NAME <u>Elvira Carpenter</u>	14. NAME OF HUSBAND OR WIFE <u>Geo. W. Linder</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>490-30-4971</u>	17. INFORMANT <u>Geo. W. Linder</u>	Address <u>Parkville, Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>		
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) <u>Demyelinated telencephalon</u>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <u>9/10/58</u> to <u>2/8/60</u> and last saw her/him alive on <u>2/8/60</u> Death occurred at <u>5:20 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>Edgar Jennings MD</u> (Degree or title)	22b. ADDRESS <u>Box 1 - Parkville Mo</u>	22c. DATE SIGNED <u>2/10/60</u>
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23a. BURIAL, CREMATION, REINTERMENT (Specify)	23b. DATE <u>Feb. 10-60</u>	23c. NAME OF CEMETERY OR <del>crematory</del> <u>East Slope</u>	23d. LOCATION (City, town, or county) (State) <u>Parkville Mo</u>
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24. FUNERAL DIRECTOR <u>Jebaud H. Francis</u>	ADDRESS <u>Parkville</u>	25. DATE RECD. BY LOCAL REG. <u>2-9-60</u>	26. REGISTRAR'S SIGNATURE <u>Marguerite Henderson</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 23 1960

**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

*Leland G. Frank*  
*401 main st*

Licensed Embalmer No. 3451

P. O. Address Puttville

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.