

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**61-017608**  
 STATE FILE NUMBER

AMENDED  
 DATE AMENDED  
 ITEM NO.  
 SHOULD READ  
 BY AFFIDAVIT OF  
 EMBALMERS  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 INSTEAD OF

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2144

**FILED MAY 17 1961**

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Raybasset</u> Length of stay in 1b <u>45 years</u>		c. CITY OR TOWN <u>Raybasset</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hosp</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>708 Banfield</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Jeanette LINSKER</u>			4. DATE OF DEATH Month <u>4</u> Day <u>30</u> Year <u>61</u>
5. SEX <u>Female</u>	6. COLOR OF RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>May 7-1884</u> 9. AGE (last birthday) <u>76</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Gloversville NY U.S.A.</u>
13a. FATHER'S NAME <u>Cesare Halboun</u>		13b. MOTHER'S MAIDEN NAME <u>None</u>	14. NAME OF HUSBAND OR WIFE <u>Myers Edgar M. Linsker</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, <u>NO.</u> ) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Mrs. P.H. Pudge K.C. MO.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Probable broncho pneumonia</u> DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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
21. I attended the deceased from <u>4-25-61</u> to <u>4-30-61</u> and last saw her alive on <u>4-30-61</u> Death occurred on <u>4-30-61</u> at <u>7:40 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree & title)		22b. ADDRESS <u>2400 Perry St</u>	22c. DATE SIGNED <u>5/1/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>5-3-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Brunlawns</u>	23d. LOCATION (City, town, or county) <u>K.C. MO.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Stine &amp; McClure K.C. MO.</u>	25. DATE RECD. BY LOCAL REG. <u>5-1-61</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>	

**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 William M. Jura

Licensed Embalmer No. 4648

P. O. Address K. C. M.

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.