

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042759

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002 Registrar's No. 5844

STATE FILE NUMBER

FILED DEC 10 1962

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Length of stay in lb 3 1/2 years | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2731 Campbell Street | | d. STREET ADDRESS (If outside, give location) 2731 Campbell Street | |
| 3. NAME OF DECEASED (Type or print) First Middle Last BEVERLY ANN LINEBACK | | 4. DATE OF DEATH Month Day Year November 18 1962 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 7-26-62 |
| 9. AGE (last birthday) 3 | | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None - Child | | 10b. KIND OF BUSINESS OR INDUSTRY -- | |
| 11. BIRTHPLACE (City and state or country) Kansas City, Mo. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Ren Dean Lineback | | 13b. MOTHER'S MAIDEN NAME Carolyn Ridings | |
| 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) No | |
| 16. SOCIAL SECURITY NO. None | | 17. INFORMANT Ren Dean Lineback, 2731 Campbell St. Kansas City, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute pulmonary edema DUE TO (b) pneumonia DUE TO (c) congestive heart failure | | | INTERVAL BETWEEN ONSET AND DEATH 3 hours 4 days See Cert. |
| 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 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 a.m. p.m. Month, Day, Year | 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 | |
| 21. I attended the deceased from Sept 10-62 to Nov 15-62 and last saw her/him alive on Nov 17-62 Death occurred at 4:30 A. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <i>[Signature]</i> | | 22b. ADDRESS <i>[Address]</i> | |
| 22c. DATE SIGNED 11/19/62 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Nov. 20, 1962 | 23c. NAME OF CEMETERY OR CREMATOR Memorial Park Cem. | 23d. LOCATION (City, town, or county) (State) Kansas City Missouri |
| 24. FUNERAL DIRECTOR ADDRESS D.W. Newcomer's Sons 1382 Brush Creek, Kan. City, Mo. | | 25. DATE RECD. BY LOCAL REG. 11-20-62 | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> |

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr. E. F. Rehner
1400 1/2 East 31st Street

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 Harold P. Reich

Licensed Embalmer No. 4998

P.O. Address F. E., 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.

MISSOURI BOARD OF HEALTH
DEPARTMENT OF HEALTH
COURT HOUSE BUILDING
COURT STREET
ST. LOUIS, MISSOURI 63101