V.S. No. 300
Rev. 10-48

FILED JAN 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39685

BIRTH NO. _____ REG. DIST. NO. 80 PRIMARY REG. DIST. NO. 5307 Registrar's No. 19

26
30

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lohman
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Cole
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lohman,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Barbara
b. (Middle):
c. (Last): Linsenbardt

4. DATE OF DEATH (Month) 12 (Day) 19 (Year) 1948

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow 2
8. DATE OF BIRTH: 5-28-1864
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months 6, Days 21 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lohman, Rural. D 99
12. CITIZEN OF WHAT COUNTRY?: Life

13a. FATHER'S NAME: Nick Pistel
13b. MOTHER'S MAIDEN NAME: Unknown Scheidel
14. NAME OF HUSBAND OR WIFE: Julius Lindenbardt

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'S SIGNATURE OR NAME / ADDRESS: Gus Lincenbardt Lohman, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

108

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) pneumonia, lobar — 48 hours
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 30, 1948, *to* Dec 18, 1948, *that I last saw the deceased alive on* Dec 18, 1948, *and that death occurred at* 6.00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] R O
23b. ADDRESS: Centertown Mo.
23c. DATE SIGNED: 12/21/48

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE:
24c. NAME OF CEMETERY OR CREMATORY: Lohman Luth. Cem.
24d. LOCATION (City, town, or county) (State): Lohman, Mo. 2

DATE REC'D BY LOCAL REG.: Dec. 21
REGISTRAR'S SIGNATURE: Mrs. Minnie Hittenmeyer 70
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Hugo H Schubert Russellville Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number JAN 5 1949
Date Filed

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 .....
Student Embalmer

Signed Hugo H Schubert
Licensed Embalmer No. 2820
P. O. Address Russellville, Ala

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 this body is not embalmed, fact should be so stated above.