

FILED SEP 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31089

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5762 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Round Grove Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Round Grove, Twp.</u>	
c. LENGTH OF STAY (If in this place) <u>25 years</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u> b. (Middle) <u>Belle</u> c. (Last) <u>Lindstrom</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 11, 1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>March 19, 1897</u>		9. AGE (In years last birthday) <u>52</u>		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ursa, Illinois</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>John Exon</u>		13b. MOTHER'S MAIDEN NAME <u>Sophia Katz</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Lindstrom</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Lindstrom, R.F.D. Maywood, Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drowning</u>					
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Round Grove farm</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Marion Mo</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5:15 P.M. Sept. 11, 1949</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>64</u>	
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>V. C. ...</u> (Degree or title)		23b. ADDRESS <u>Harmon, Mo</u>		23c. DATE SIGNED <u>Sept 13, 1949</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/13/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Emerson Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Emerson, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>9-15-49</u>		REGISTRAR'S SIGNATURE <u>By Viola ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Palmyra, Mo.</u>	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

**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:

*Geoff. Lewis*

Licensed Embalmer No.

*2382*

P. O. Address

*Palmyra, MD*

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.