

FILED FEB 20 1950

STANDARD CERTIFICATE OF DEATH

State File No. 7356

BIRTH NO. _____		REG. DIST. NO. 352		PRIMARY REG. DIST. NO. 6190		Registrar's No. 11	
1. PLACE OF DEATH a. COUNTY <u>Taney</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Taney</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Branson</u>		c. LENGTH OF STAY (In this place) <u>6 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Branson</u>		19 <u>60</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Spagy Corona Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>MO</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>Jwar</u>		c. (Last) <u>Lindberg</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 4 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Nov. 5 1941</u>	
9. AGE (In years last birthday) <u>8</u>		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri #1 Wisconsin</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Eric Lindberg</u>		13b. MOTHER'S MAIDEN NAME <u>Shirley Lindberg</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Shirley Lindberg</u>		ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental Drowning</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>fell into ditch filled with</u> DUE TO (c) <u>Water</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3:240</u> <u>42</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? - YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accidental</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Spagy Hospital</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Branson Taney MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb. 4 1950 11 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>fell in ditch filled with water and drown</u>			
22. I hereby certify that I attended the deceased from <u>Feb. 4, 1950</u> , to <u>Feb. 4, 1950</u> , that I last saw the deceased <u>deceased on Feb. 4, 1950</u> , and that death occurred at <u>11 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Harvey Hargett Corona</u>				23b. ADDRESS <u>Branson MO</u>		23c. DATE SIGNED <u>2-4-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-6-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Branson MO</u>	
DATE REC'D. BY LOCAL REG. <u>Feb 8-1950</u>		REGISTRAR'S SIGNATURE <u>J E Esquivel</u> 376		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Whelchel Funeral Home Branson MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

in this copy Bureau 1061

RECEIVED FEB 13 1950

District Health Office No. 6,

District File Number 250-214

Date Filed 2-14-50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Minnie L. Whelchel

Licensed Embalmer No. 2277

P. O. Address Danson 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 this body is not embalmed, fact should be so stated above.