

FILED AUG 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26598

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **12E** PRIMARY REG. DIST. NO. **2000** Registrar's No. **742**

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Wright</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mountain Grove 1141</b>	
c. LENGTH OF STAY (in this place) <b>3 1/2 days</b>		d. STREET ADDRESS (If rural, give location) <b>717 Oakland</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Burge Hospital</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>May</b>	b. (Middle) <b>Elizabeth</b>	c. (Last) <b>Lindholm</b>	(Month) <b>Aug.</b>	(Day) <b>19</b>	(Year) <b>1950</b>
5. SEX <b>Female</b>	6. COLOR OF RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Jan. 19 - 1879</b>	9. AGE (in years last birthday) <b>71</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOME MAKER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>		11. BIRTHPLACE (State or foreign country) <b>Thayer, Kansas</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>					

13a. FATHER'S NAME <b>Charles A. Mitchell</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Post</b>		14. NAME OF HUSBAND OR WIFE <b>Lawrence E. Lindholm</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Miss Mildred Lindholm</b>	
(If yes, give war or dates of service) <b>NONE</b>				ADDRESS <b>St. Louis, Mo.</b>	

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.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral apoplexy</b>		DUE TO (b) <b>cerebral arteriosclerosis</b>		<b>5 days</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____		<b>unknown</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>334X</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Aug. 16, 1950, to Aug. 19, 1950, that I last saw the deceased alive on Aug. 19, 1950, and that death occurred at 4:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>M.D. [Signature]</b>		23b. ADDRESS <b>Springfield, Mo.</b>		23c. DATE SIGNED <b>8-21-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Aug. 19, 1950</b>		24c. NAME OF CEMETERY, OR CREMATORY <b>Sweedish</b>	
		24d. LOCATION (City, town, or county) (State) <b>Mtn. Grove, Mo.</b>			

DATE REC'D BY LOCAL HEALTH DEPT. <b>8-22-50</b>		REGISTRAR'S SIGNATURE <b>W.E. Handley</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Grable, Wink</b>	
				ADDRESS <b>Mtn. Grove</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 Frank Grable

Licensed Embalmer No. 4140

P. O. Address Int'l Grove, Ill

**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.