

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 26 1950

State File No.

BIRTH NO. REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5983 Registrar's No. 106

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Minnesota</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>Newburg</u>		c. CITY OR TOWN <u>Ely</u>	
c. LENGTH OF STAY (in this place)		8220	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>US Army Hospital, Ft. Leonard Wood</u>		d. STREET ADDRESS <u>234 E. White St.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>James</u>	b. (Middle) <u>Stevan</u>	c. (Last) <u>Lindbeck</u>	4. DATE OF DEATH	(Month) <u>Sept</u>	(Day) <u>19</u>	(Year) <u>1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, never married <u>U</u>	8. DATE OF BIRTH <u>July 18, 1931</u>	9. AGE (In years last birthday) <u>19</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Soldier</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>U S Army</u>	11. BIRTHPLACE (State or foreign country) <u>Ely, Minnesota</u>	12. CITIZEN OF WHAT COUNTRY? <u>America</u>
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13a. FATHER'S NAME <u>Fritz Lindbeck</u>	13b. MOTHER'S MAIDEN NAME <u>Elaine Peyla</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>28 Oct 1949</u>	16. SOCIAL SECURITY NO. <u>470-28-2221</u>	17. INFORMANT'S SIGNATURE OR NAME <u>TH Sorenson, Major MSc</u>	ADDRESS
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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, asthma, 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) <u>Adenocarcinoma of ascending colon with metastasis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>none</u>		
	DUE TO (c) <u>none</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>		<u>at least</u> <u>6 months</u> <u>13.3X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 19 Sept, 19 50, to 19 Sept, 19 50, that I last saw the deceased alive on never, 19 _____, and that death occurred at 0310 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edward O. Bernier, Capt MC</u>	23b. ADDRESS <u>Missouri U S Army Hosp. Ft. Leonard Wood</u>	23c. DATE SIGNED <u>19 Sept 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9-20-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Unk.</u>	24d. LOCATION (City, town, or county) (State) <u>Ely, Minnesota</u>
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DATE REC'D BY LOCAL REG. <u>9-20-50</u>	REGISTRAR'S SIGNATURE <u>Thelma C. Duckthorse</u>	389	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter P. Hedges</u>	ADDRESS <u>Crocker, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 9-20-50
Pulaski County Health Officer
File Number
Date Filed 9-20-50

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 Walter P. Hedger

Signed.....
Student Embalmer

Licensed Embalmer No. 4265

P. O. Address Crocker, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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