

# STANDARD CERTIFICATE OF DEATH

34128

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 371

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

**1. PLACE OF DEATH**

a. COUNTY Marion

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal

c. LENGTH OF STAY (in this place) 10/5/50

d. FULL NAME OF HOSPITAL OR INSTITUTION Levering

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).

a. STATE Missouri

b. COUNTY Marion

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal

d. STREET ADDRESS (If rural, give location) 2001 Kingshighway

**3. NAME OF DECEASED** (Type or Print)

a. (First) Samuel J. b. (Middle) Lindquist c. (Last) \_\_\_\_\_

**4. DATE OF DEATH** (Month) (Day) (Year)  
October 28, 1950

**5. SEX** Male **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married **8. DATE OF BIRTH** July 26, 1888 **9. AGE** (In years last birthday) 62 **10. UNDER 1 YEAR** 3 **11. UNDER 6 MOS.** 2

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Agent **10b. KIND OF BUSINESS OR INDUSTRY** United Shoe Machine **11. BIRTHPLACE** (State or foreign country) Burkington Iowa **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** J. Albert Lindquist **13b. MOTHER'S MAIDEN NAME** Ann Wilkins **14. NAME OF HUSBAND OR WIFE** Lennie Davis Lindquist

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) None (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.** 490-07-6502 **17. INFORMANT'S SIGNATURE OR NAME ADDRESS** Mrs. S.J. Lindquist Hannibal Missouri

**18. CAUSE OF DEATH** Enter only one cause per line for (a), (b), and (c)

**1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) Carcinoma esophagus with metastases

**ANTECEDENT CAUSES**

**DUE TO (b)** Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

**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) \_\_\_\_\_ **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** Oct 1950, to Oct 28, 1950; that I last saw the deceased alive on Oct 28, 1950, and that death occurred at 3:10 A.M., from the causes and on the date stated above.

**23a. SIGNATURE** Mervin J. Pro... (Degree or title) **23b. ADDRESS** Hannibal Missouri **23c. DATE SIGNED** Oct 30/50

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial **24b. DATE** 10/30/50 **24c. NAME OF CEMETERY OR CREMATORY** Mt. Olive Cem. **24d. LOCATION** (City, town, or county) (State) Hannibal Missouri

**DATE REC'D BY LOCAL REG.** 10-31-50 **REGISTRAR'S SIGNATURE** Dr. E. M. Lucke **FUNERAL DIRECTOR'S SIGNATURE** W. Crawford Smith **ADDRESS** Hannibal Mo

(Licensed Emballer's Statement on Reverse Side)

RECEIVED NOV 8 1950  
MO. HEALTH DEPT.  
MAILED NOV 9 1950

**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 John S. Ward

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

**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.**