

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **27803**

10-48

BIRTH NO.		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 256	
1. PLACE OF DEATH a. COUNTY Pettis 0804				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia Sedalia		c. LENGTH OF STAY (In this place) 4 mo		c. CITY (If outside corporate limits, write RURAL and give township) Sedalia MO		d. STREET ADDRESS (If rural, give location) 619 East 17th	
d. FULL NAME OF HOSPITAL OR INSTITUTION 619 East 17th				d. STREET ADDRESS (If rural, give location) 619 East 17th			
3. NAME OF DECEASED (Type or Print) a. (First) CLAUS b. (Middle) - HENRY c. (Last) LINDEMAN			4. DATE OF DEATH (Month) (Day) (Year) Aug 7-51				
5. SEX MO		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug 27-67 86	
9. AGE (In years last birthday) 11 9		10. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY Brewery		11. BIRTHPLACE (State or foreign country) Bremen	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Do not know		13b. MOTHER'S MAIDEN NAME Do not know		14. NAME OF HUSBAND OR WIFE Wife deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Miss Clara Lindeman Sedalia MO			
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) Hemiplegia from Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 7 mos ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last. DUE TO (b) Arteriosclerosis & Hypertension 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 331X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 1, 1951, to Aug 7, 1951 , that I last saw the deceased alive on Aug 6, 1951 , and that death occurred at 8:30 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) A. L. Walter MD.				23b. ADDRESS Sedalia MO		23c. DATE SIGNED Aug 8 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 9-51		24c. NAME OF CEMETERY OR CREMATORY Smithton Cemetery		24d. LOCATION (City, town, or county) (State) Smithton MO	
DATE REC'D BY LOCAL REG. 8/9/1951		REGISTRAR'S SIGNATURE A. J. Campbell MD.		FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Newman's Funeral Home Smithton MO			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-21-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-21-51

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 A. F. Kemmerer

Licensed Embalmer No. 3912

P. O. Address Smithton Mo

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.