

FILED AUG 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27858**

BIRTH NO. _____		REG. DIST. NO. 278		PRIMARY REG. DIST. NO. 3054		Registrar's No. 74	
1. PLACE OF DEATH a. COUNTY Pike 0821				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pike			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bowling Green 0820			
d. FULL NAME OF HOSPITAL OR INSTITUTION Pike County Hospital				d. STREET ADDRESS (If rural, give location) RFD #2 7			
3. NAME OF DECEASED (Type or Print) a. (First) Mary			b. (Middle) Gesina		c. (Last) Lindemann		4. DATE OF DEATH (Month) (Day) (Year) Aug. 6 1951
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 4, 1895		9. AGE (In years last birthday) 56	10. UNDER 1 YEAR Days 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY X		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME J.G. Deters			13b. MOTHER'S MAIDEN NAME Elizabeth Purk		14. NAME OF HUSBAND OR WIFE John Lindemann		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY # (If res. give war or dates of service) 492-24-0275		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Lindemann Bowling Green			
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 153X				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 1-28-50		19b. MAJOR FINDINGS OF OPERATION Coronary Arteriosclerosis				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) _____		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 1-23, 1950 , to 8-6, 1951 , that I last saw the deceased alive on 8-6, 1951 , and that death occurred at 10:30 AM. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Bernice Collier M.D.				23b. ADDRESS Louisiana, Missouri		23c. DATE SIGNED 8-8-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Aug. 9, 1951	24c. NAME OF CEMETERY OR CREMATORY St. Clement		24d. LOCATION (City, town, or county) (State) St. Clement Mo.		
DATE REC'D BY LOCAL REG. Aug 8, 1951		REGISTRAR'S SIGNATURE Bernice Collier		25. FUNERAL DIRECTOR'S SIGNATURE J. G. Huddleston		ADDRESS Home Presbyterian No.	

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

Date Received: **AUG 22 1951**
DISTRICT HEALTH OFFICE #2
District File Number *8-51-1483*
Date Filed: **AUG 22 1951**

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.....

James C. Mudd

Licensed Embalmer No. *4152*

P. O. Address *Bear River, Utah*

Signed.....
Student Embalmer

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.