No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 2 - 1952

State File No. 15291

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 87

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1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston
c. LENGTH OF STAY (In this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mo. Delta Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: New Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Matthews 0920
d. STREET ADDRESS (If rural, give location): RFD #1 1

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Charles Joseph Lindenschmidt

4. DATE OF DEATH (Month) (Day) (Year): 4 23 1952

5. SEX: Male ♂

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 7-2-1883

9. AGE (In years last birthday): 67 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Evansville, Ind. /

12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Joseph Lindenschmidt

13b. MOTHER'S MAIDEN NAME: Louise Steinkamp

14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown
(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Charles Lindenschmidt, Matthews Mo. R 1

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Anuria — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

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. Hypertensive cardiovascular disease — and R.

19a. DATE OF OPERATION: April 16, 1952

19b. MAJOR FINDINGS OF OPERATION: Acute gangrenous cholecystitis 585 X

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) m.

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* April 16 *1952, to* April 24 *, 1952, that I last saw the deceased alive on* April 24 *, 1952, and that death occurred at* 2:55 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wilson J. Ferguson, M.D.

23b. ADDRESS: Sikeston, Mo

23c. DATE SIGNED: April 24, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

24b. DATE: 4-24-52

24c. NAME OF CEMETERY OR CREMATORY: St Joseph

24d. LOCATION (City, town, or county) (State): EVANSVILLE IND.

DATE REC'D BY LOCAL REG.: 4-24-52

REGISTRAR'S SIGNATURE: Mrs. Ella Hunter

25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Welch Funeral Home · Sikeston Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED APR 28 1952
SCOTT COUNTY HEALTH CENTE
CO. FILE NO. 452-12

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 Raymond Grews

Signed — Student Embalmer

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.