

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2244

FILED JAN 17 1953

BIRTH NO. 124 REG. DIST. NO. 215 PRIMARY REG. DIST. NO. 5783 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dixon Rt. 3 Richwoods</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dixon Rt. 3 Richwoods</u>	
c. LENGTH OF STAY (If this place)		d. STREET ADDRESS (If rural, give location) <u>066</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. ADDRESS	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Matilda</u> b. (Middle) <u>Angela</u> c. (Last) <u>Lindenbusch</u>	4. DATE OF DEATH (Month) <u>Jan.</u> (Day) <u>1,</u> (Year) <u>1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 7, 1900</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>26</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Elizabeth, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Frank Schulte</u>	13b. MOTHER'S MAIDEN NAME <u>Katy Dicknite</u>	14. NAME OF HUSBAND OR WIFE <u>Theodore Lindenbusch</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Theodore Lindenbusch</u>	ADDRESS <u>Dixon Rt. 3</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> 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 <u>331x</u>	20. AUTOPSY? YES <input 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb 1, 1949, to Jan 1, 1953, that I last saw the deceased alive on Jan 1, 1953, and that death occurred at 5:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. A. Gould D.O.</u>	23b. ADDRESS <u>Iberia Mo.</u>	23c. DATE SIGNED <u>1/5/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>1/5/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Anthony Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Miller County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>JAN-6-53</u>	REGISTRAR'S SIGNATURE <u>Jessie Perkins</u>	195-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Hedges</u>	ADDRESS <u>Iberia, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 *Walter O. Keadle*

Licensed Embalmer No. *4265*

P. O. Address *Kenil, MD*

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.