

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39617**

FILED NOV 24 1953

BIRTH NO. _____ REG. DIST. NO. **383** PRIMARY REG. DIST. NO. **5655** Registrar's No. **31**

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mt. Vernon		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland	
c. LENGTH OF STAY (In this place) 67 1/4 days		d. STREET ADDRESS (If rural, give location) 8016 St. Charles Rock Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State Sanatorium		4. DATE OF DEATH (Month) (Day) (Year) Nov. 20, 1953	
3. NAME OF DECEASED (Type or Print) Joseph	a. (First)	b. (Middle)	c. (Last) Lindopp
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Feb. 22, 1884
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Lindopp	13b. MOTHER'S MAIDEN NAME Kate Fisher	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 495-12-4106	17. INFORMANT'S SIGNATURE OR NAME Hospital records, Mo. S.S., Mt. Vernon Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	19. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary tuberculosis Far Advanced		June, '51
	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. Gallstones Arteriosclerosis		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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)	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 **1-15-1952**, to **11-20-1953**, that I last saw the deceased alive on **11-20-1953**, and that death occurred at **8:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. A. Brasher M.D.	23b. ADDRESS Mt. Vernon, Missouri	23c. DATE SIGNED 11-21-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11/21/53	24c. NAME OF CEMETERY OR CREMATORY Overland Park	24d. LOCATION (City, town, or county) (State) Overland Mo.
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DATE REC'D BY LOCAL REG. 11-21-53	REGISTRAR'S SIGNATURE C. A. Brasher	25. FUNERAL DIRECTOR'S SIGNATURE L. B. Orr	ADDRESS Mt. Vernon, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

300
48
55
0

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 _____

Geo B Orr

Licensed Embalmer No. 746

P. O. Address Mr Vernon

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.