

FILED JUL 22 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23631**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **5706** Registrar's No. **51**

26.00

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

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>McDonald</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b><br>b. COUNTY <b>McDonald</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Anderson</b> <b>Rural Route 1</b> ) |  | c. CITY OR TOWN <b>Anderson Route 1</b>   |  |
| c. LENGTH OF STAY (In this place) <b>5 months</b>   |  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>               |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rural Route 1.</b>   |  |   |  |
| e. STREET ADDRESS (If rural, give location) <b>Rural Route 1.</b>   |  |   |  |

|  |                               |   |   |  |   |  |
|--|-------------------------------|---|---|--|---|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Hulda</b><br>b. (Middle) <b>Helena</b><br>c. (Last) <b>Lindeen</b> |                               |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>July 14, 1954</b> |  |   |  |
| 5. SEX <b>Female</b>   | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>July 31, 1875</b>                         | 9. AGE (In years last birthday) <b>78</b>                                    | IF UNDER 1 YEAR Months <b>11</b> Days <b>13</b> | IF UNDER 24 HRS. Hours <b>13</b> Min.      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>               |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>                      |   | 11. BIRTHPLACE (City and State or Foreign Country) <b>Gottenburg, Sweden</b> |   | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 13a. FATHER'S NAME <b>Gustaf Tornball</b>  |  | 13b. MOTHER'S MAIDEN NAME <b>Unknown</b> |  | 14. NAME OF HUSBAND OR WIFE <b>Andrew Lindeen</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) <b>No</b> |  | 16. SOCIAL SECURITY NO. <b>None</b>      |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ruth M. Anderson</b> ADDRESS <b>Anderson Missouri</b> |  |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>   |  | INTERVAL BETWEEN ONSET AND DEATH <b>6 hrs</b> |  |
|  |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |   |  |
|  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                           |  |   |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 19a. DATE OF OPERATION                          |  | 19b. MAJOR FINDINGS OF OPERATION <b>331X</b>   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **3/11**, 19**54** to **7/14**, 19**54**, that I last saw the deceased alive on **7/14**, 19**54**, and that death occurred at **12:5 P.m.**, from the causes and on the date stated above.

|   |  |                             |  |   |  |
|---|--|-----------------------------|--|---|--|
| 23a. SIGNATURE <b>Dr. G. W. ...</b> (Degree or title)   |  | 23b. ADDRESS <b>324 ...</b> |  | 23c. DATE SIGNED <b>7/14/54</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> |  | 24b. DATE <b>7/17/1954</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Anderson Cemetery</b>             |  |
|   |  |                             |  | 24d. LOCATION (City, town, or county) (State) <b>Anderson, Missouri</b> |  |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. <b>7-18-54</b> |  | REGISTRAR'S SIGNATURE <b>Mayne Humphrey</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Cap Funeral Home, Anderson</b> ADDRESS |  |
|---|--|---|--|--|--|

770.

APR 18 1955

AUG 17 1955

APR 19 1955

AUG 16 1955

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.....  
Signature of Student Embalmer

Signed *Gay Rapp*.....

Licensed Embalmer No. 3458

P. O. Address *Anderson*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.