

FILED OCT 17 1955

STANDARD CERTIFICATE OF DEATH

State File No. 33890

BIRTH NO. _____		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>3034</u>		Registrar's No. <u>67</u>			
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higginsville</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higginsville</u>		d. STREET ADDRESS (If rural, give location) <u>Broadway</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Broadway</u>				d. STREET ADDRESS (If rural, give location) <u>Broadway</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louis</u>			b. (Middle) <u>C. Lindhorst</u>		c. (Last)		4. DATE OF DEATH (Month) <u>9</u> (Day) <u>30</u> (Year) <u>1955</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>May 24, 1976</u>		9. AGE (in years last birthday) <u>79</u>	# UNDER 1 YEAR Months <u>4</u> Days <u>6</u>	# UNDER 1 WEE. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>mining</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>mining-retired</u>		11. BIRTHPLACE (State or foreign country) <u>Concordia, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>John Henry Lindhorst</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Hassel</u>		14. NAME OF HUSBAND OR WIFE <u>never married.</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>495-01-9286A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Lindhorst</u> ADDRESS <u>Higginsville, Mo.</u>					
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.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>16 days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis generalized</u>					
				DUE TO (c) <u>4201</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Thermal trauma, Rt ankle due to heating pad.</u>									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 <u>9/14/</u> , 19 <u>55</u> , to <u>9/30/</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>9/30/</u> , 19 <u>55</u> , and that death occurred at <u>4:25 p.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Edwin Wilson D.O.</u>				23b. ADDRESS <u>1815 Main Higginsville, Mo.</u>		23c. DATE SIGNED <u>10/2/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-2-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Higginsville City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Higginsville, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Oct 6-1955</u>		REGISTRAR'S SIGNATURE <u>Clayton H. Landrum 154</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Roy F. Wiegner</u> ADDRESS <u>Higginsville Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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.....
Student Embalmer

Signed *Roy F. Wiegman*

Licensed Embalmer No. *2883*

P. O. Address *Higginsville*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.