

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595 Registrar's No. 208

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>TOWNRURAL ROCK TOWNSHIP</u>		c. LENGTH OF STAY (in this place) <u>53 yrs.</u>	c. CITY OR TOWN <u>near ARNOLD</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>NEAR ARNOLD MO</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>NEAR ARNOLD MO</u> <u>05800</u>	

3. NAME OF DECEASED a. (First) <u>EMMA</u> b. (Middle) <u>A.</u> c. (Last) <u>LINDWEDEL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 8-1955</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN. 28, 1903</u>	9. AGE (In years last birthday) <u>52</u>	10. <u>9</u> MONTHS <u>10</u> DAYS <u>1</u> HOUR <u>1</u> MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWORK</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ARNOLD MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>GEORGE P. CHRIST</u>	13b. MOTHER'S MAIDEN NAME <u>AUGUSTA FLAMM</u>	14. NAME OF HUSBAND OR WIFE <u>HENRY W. LINDWEDEL</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>HENRY W. LINDWEDEL</u> ADDRESS <u>ARNOLD 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rev. Myocardial</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Arterio sclerosis</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4221</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) <u>Arnold Jefferson MO</u>
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 1953, 10, to 11/8, 1955, that I last saw the deceased alive on 11/8, 1955, and that death occurred at 10³⁰ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Heich Mrs</u> (Degree or title)	23b. ADDRESS <u>Imperial Mo</u>	23c. DATE SIGNED <u>11/9/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>NOV. 11, 1955</u>	24c. NAME OF CEMETERY OR CREMATOR <u>ST. JOHNS CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>BECK MO</u>
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DATE REC'D BY LOCAL REG. <u>11-12-54</u>	REGISTRAR'S SIGNATURE <u>Ruth Jissa</u> <u>4380</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>HEILIGTAG FUNERAL</u> ADDRESS <u>HONE IMPERIAL MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

NOV 17 1955

NOV 17 1955

NOV 17 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 *Arthur W. Heilig*

Licensed Embalmer No. *3572*

P. O. Address *Imperial*

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.