

FILED DEC 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **87272**

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **32**

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

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE Missouri b. COUNTY Cape Gir	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN Cape Girardeau, CITY)	c. LENGTH OF STAY (in this place) 90 yr	c. CITY OR TOWN Cape Girardeau	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Hicham Nursing Home		e. STREET ADDRESS (If rural, give location) 707 S Sprigg	

3. NAME OF DECEASED (Type or Print) a. (First) Bertha b. (Middle) Ellie c. (Last) Lind			4. DATE OF DEATH (Month) (Day) (Year) Nov 30 1956		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug 17 1866	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months 3 Days 2	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and State or Foreign Country) Cape Girardeau Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Henry Meystedt	13b. MOTHER'S MAIDEN NAME Johanna Daues	14. NAME OF HUSBAND OR WIFE Philip Lind (Deceased)
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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) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Mr Elmer Lind (Son) ADDRESS Cape Girardeau
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial infarction</i> ANTECEDENT CAUSES (b) <i>none</i> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <i>none</i> II. OTHER SIGNIFICANT CONDITIONS (d) <i>none</i> Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **11-20**, 19**56**, to **11/30**, 19**56**, that I last saw the deceased alive on **11-20**, 19**56**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>Elmer Lind</i> (Name or title)	23b. ADDRESS Cape Girardeau	23c. DATE SIGNED 12/5/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Entarred	24b. DATE Dec 1 1956	24c. NAME OF CEMETERY OR CREMATORY Mooleum, (Lorimer)	24d. LOCATION (City, town, or county) (State) Cape Girardeau Mo.
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DATE REC'D BY LOCAL REG. 12-7-56	REGISTRAR'S SIGNATURE <i>W.C. Summers</i>	FUNERAL DIRECTOR'S SIGNATURE Brinkopf Howell ADDRESS Cape Gir Mo.
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MAR 6 1951

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 *Neil H. Crossin*.....
Licensed Embalmer No. 4994

P. O. Address *Cape Girardeau*

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.