

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35346

STATE FILE NUMBER

FILED NOV 13 1957

Registration District No. 114 Primary Registration District No. 4186 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SULLIVAN</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>SULLIVAN</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R. R. I</u>			Length of stay in 1b <u>6 YRS.</u>	d. STREET ADDRESS <u>R. R. I</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>SOPHIE</u> Middle <u>MARY</u> Last <u>LINDENMANN</u>			4. DATE OF DEATH Month <u>NOV</u> Day <u>4</u> Year <u>1957</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>AUG. 1, 1882</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Month <u>3</u> Days <u>3</u>	IF UNDER 24 HRS. Hours <u>3</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (City and state or country) <u>BLACKJACK, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13. FATHER'S NAME <u>HENRY RATHER</u>			14. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-28-6881B</u>	17. INFORMANT Address <u>FRANCES PONDRON, SULLIVAN, Mo.</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchogenic Carcinoma Lungs</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6-7 months</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) _____	
DUE TO (c) _____						<u>162X</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Arteriosclerotic Cardio-Vascular Disease</u>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)						
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE					
21. I attended the deceased from <u>May 2 1957</u> to <u>Nov. 4 - 57</u> and last saw her alive on <u>Nov 1 - 57</u> Death occurred at <u>9:45 A. m</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Robert C. Crumpler</u> (Degree or title)			22b. ADDRESS <u>S. Sullivan, Mo.</u>		22c. DATE SIGNED <u>Nov 4 - 57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>NOV. 7, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SALEM CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>BLACK JACK MO</u>			
24. FUNERAL DIRECTOR <u>H. McEaten</u> ADDRESS <u>Sullivan, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11-6-57</u>	26. REGISTRAR'S SIGNATURE <u>Thomas A. Humphrey</u>				

(Licensed Embalmer's Statement on Reverse Side)

Health & Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I. must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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MAR 6 1963

MAR 13 1963

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 HARRISON W. EATON, Student Embalmer No. 55 working under my personal supervision.

Student Harrison W. Eaton
Signature of Student Embalmer

Signed J. A. Humphrey

Licensed Embalmer No. 477

P. O. Address Sullivan

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.