

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009293
STATE FILE NUMBER

FILED APR 10 1958

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 106

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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| 1. PLACE OF DEATH a. COUNTY <u>Cole</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Osage</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u> | | c. CITY OR TOWN <u>Chamois</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u> | | d. STREET ADDRESS (If outside, give location) | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Lloyd Gustave Lindhorst</u> | | 4. DATE OF DEATH Month Day Year <u>April 4 1958</u> | |
| 5. SEX <u>MALE</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>Nov. 9, 1895</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Asst. Post Master</u> | | 11. BIRTHPLACE (City and state or country) <u>Chamois, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Gustave P. Lindhorst</u> | | 13b. MOTHER'S MAIDEN NAME <u>Charlotte Burnett</u> | 14. NAME OF HUSBAND OR WIFE <u>Ruby Pearl</u> |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>W.V. I</u> | | 16. SOCIAL SECURITY NO. <u>489-16-1369</u> | 17. INFORMANT Address <u>Mrs. Ruby Lindhorst Chamois, 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>Malignant Lymphoma</u> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>2002</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>3/19/58</u> <u>begin</u> |
| 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. | | <u>2</u> | |
| 20d. INJURY OCCURRED WHILE AT <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>March 5th 5:30 P.M.</u> to <u>4/4/58</u> and last saw ^{her} him alive on <u>4/4/58</u> Death occurred at _____ most of the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Ernest D. Szabo, M.D.</u> | | 22b. ADDRESS <u>Jefferson City, Mo.</u> | 22c. DATE SIGNED <u>4/5/58</u> |
| 22d. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal April 6, 1958</u> | 23b. DATE <u>April 6, 1958</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>OAKLAND Cem.</u> | 23d. LOCATION (City, town, or County) (State) <u>Chamois-Osage-Missouri</u> |
| 24. FUNERAL DIRECTOR <u>Clyde Matton</u> | ADDRESS <u>Linn, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>5 April 1958</u> | 26. REGISTRAR'S SIGNATURE <u>R.P. Harris, M.D. - JR.</u> |

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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 *Thomas M. Morton*

Licensed Embalmer No. *4125*

P. O. Address *Lean Mo*

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.