

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022648
STATE FILE NUMBER

FILED JUL 9 1958 Registration District No. 226 Primary Registration District No. 5799 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY Monroe		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Madison		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Madison
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION XXXXXXXXXXXXXXXXXX		Length of stay in lb 8 yrs	069 t STREET ADDRESS rural (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Charlie Middle Edwin Last Lind			4. DATE OF DEATH Month 6/26/ Day 1958 Year
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9/6/1899
10a. USUAL OCCUPATION (Give kind of work done) Worked at grain elevator		10b. KIND OF BUSINESS OR INDUSTRY grain store and farm	9. AGE (In years (birth day)) 59
11. BIRTHPLACE (City and state or country) Boone, Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John e Lind		13b. MOTHER'S MAIDEN NAME Metelda Johjson	14. NAME OF HUSBAND OR WIFE Margella Lind
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO. 492-40-2970	17. INFORMANT Mary Ella Lind Address Madison, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH Not known
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			331X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		2	
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 _____ a.m. _____ p.m.		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 _____ to _____ and last saw her him alive on _____ Death occurred at About 3H. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Doctor or title) Russell M. Wilson, Coroner 3		22b. ADDRESS Monroe, City, Missouri	22c. DATE SIGNED June 20/58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 6/27/58	23c. NAME OF CEMETERY OR CREMATORY Boone Iowa Cemetery	23d. LOCATION (City, town, or county) (State) Boone, Iowa 6/30/58
24. FUNERAL DIRECTOR Ard A. Thompson, Madison Mo		25. DATE RECD. BY LOCAL REG. 7-1-58	26. REGISTRAR'S SIGNATURE Elsie Robertson

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUL 16 1958

AUG 24 1959

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 *Fred A. Humphreys*

Licensed Embalmer No. *1420*

P. O. Address *Medway, Ga.*

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.