

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029160

STATE FILE NUMBER

3789

FILED AUG 20 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3789

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Oklahoma b. COUNTY Caddo	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Anadarko 7350 8
c. FULL NAME OF HOSPITAL OR INSTITUTION General Hosp. #1		Length of stay in lb 14 days	d. STREET ADDRESS (If outside, give location) 414 West Virginia
3. NAME OF DECEASED First Middle Last MILTON ERIC LINDGREN			4. DATE OF DEATH Month Day Year 8 5 1958
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 2-5-1908
9. AGE in years 50		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brinlye Operator		11. KIND OF BIRTH - Normal	12. PLACE OF BIRTH (City and state or territory) Telluride, Colorado
13a. FATHER'S NAME "unknown"		13b. MOTHER'S MAIDEN NAME Hadda "unknown"	14. NAME OF HUSBAND OR WIFE Eva Louise Lindgren
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 522-05-1885	17. INFORMANT (Name and Address) Eva Louise Lindgren; Anadarko, Oklahoma
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sublethal Hemorrhage DUE TO (b) Trauma to Rt. Cervical Area of Neck DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" 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. 8-558 p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ?	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE Kansas City Jackson Mo	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Geo. C. Keahter		22b. ADDRESS 6627 Probst Ave	22c. DATE SIGNED 8-6-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8-7-58	23c. NAME OF CEMETERY OR CREMATORY Telluride Cem.	23d. LOCATION (City, town, or county) (State) Telluride, Colo.
24. FUNERAL DIRECTOR Weilert's: 6900 Troost: K.C. Mo.		25. DATE RECD. BY LOCAL REG. 8-7-58	26. REGISTRAR'S SIGNATURE neva minshall

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Geo. C. Keahter



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

B. E. Weichert

Licensed Embalmer No.

P. O. Address

*4978
K.C. 8th*

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.