

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036909

STATE FILE NUMBER

FILED OCT 31 1958

Registration District No. 160 Primary Registration District No. 559V Registrar's No. 147

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY		JEFFERSON		a. STATE		MISSOURI	
b. CITY (If outside corporate limits, give TOWNSHIP only)		Inside Limits OR TOWN JOACHIM TOWNSHIP		c. CITY OR TOWN		FESTUS, Mo. 0500	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		JEFF. MEMORIAL Hosp		Length of stay in 1b		4 DAYS	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. AGE (In years last birthday)	
First		Middle		Last		Month Day Year	
EMMA		J.		LINZEMANN		Oct. 19, 1958	
5. SEX	6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
FEMALE	WHITE	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	MAY 20, 1908	50	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and state or country)	
HOUSE WIFE						ST. LOUIS, MO. U.S.A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
ARTHUR P. BUTTON				EMMA NOLAN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address			
NO		494-22-7827		ALBERT LINZEMANN, FESTUS, Mo R.P. #3			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) Bronchial-genic carcinoma (Squamous Cell Carcinoma) Pt. lower lobe.							6 Months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b)							
DUE TO (c)							1621
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 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 Jan 1954, to Oct 19, 1958 and last saw her alive on Oct 19, 58			Death occurred at 5:45 p m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title)				22b. ADDRESS		22c. DATE SIGNED	
Nora V. Zigmund M.D.				Desoto, Mo		Oct 21, 58	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORIUM		23d. LOCATION (City, town, or county) (State)	
Burial		10-22-58		ROSE LAWN		CRYSTAL CITY, Mo.	
24. FUNERAL DIRECTOR ADDRESS			25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE		
James R. Cady - Crystal City, Mo.			10-21-58		Fred G. Fisher		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED
OCT 28 1958

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 *James Richard Cady*
Licensed Embalmer No. 43

P. O. Address *CRYSTAL*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.