JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–029999

FILED VS AUG 24 1959

NDED

Registration District No. 274 Primary Registration District No. 2052 Registrar's No. 270 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY PETTIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LaMONTE
Length of stay in 1b 20 YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY PETTIS
c. CITY OR TOWN LaMONTE
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R.F.D #2
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First JESS Middle LOUIS Last LINDAMAN

4. DATE OF DEATH Month 8 Day 15 Year 1959

5. SEX MALE

6. COLOR OR RACE WHITE

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 8-4-1894

9. AGE (last birthday) 65

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER-

10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE

11. BIRTHPLACE (City and state or country) BETHANY Mo

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William H. LINDAMAN

13b. MOTHER'S MAIDEN NAME MATILDA JENNINGS

14. NAME OF HUSBAND OR WIFE STELLA LINDAMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES. (If yes, give war or dates of service) WORLD WAR I

16. SOCIAL SECURITY NO.

17. INFORMANT STELLA LINDAMAN Address LaMONTE Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Coronary Thrombosis	instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Previous Myocardial Infarction	3 months
DUE TO (c)	Coronary Atherosclerosis	unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 May 24, 1959, to August 15, '59, and last saw him alive on 8-6-59.
Death occurred at 8:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) T.S. Hopkins, M.D.

22b. ADDRESS 1609 S. Limit Sedalia, Mo.

22c. DATE SIGNED 8-17-59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE 8-18-1959

23c. NAME OF CEMETERY OR CREMATORY LaMONTE CEMETERY

23d. LOCATION (City, town, or county) LaMONTE (State) Mo

24. FUNERAL DIRECTOR PAUL M. MOORE ADDRESS LaMONTE Mo

25. DATE RECD. BY LOCAL REG. 8-17-1959

26. REGISTRAR'S SIGNATURE Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Paul M. Moore

Signature of Student Embalmer

Licensed Embalmer No. 3923

P. O. Address La Monte Mo

AUG 27 1959

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