

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 3 8 4 7

FILED VS DEC 23 1959

STATE FILE NUMBER

Registration District No. 112 Primary Registration District No. 54-29 Registrar's No. 20

UNRECORDED

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Syon.</u>		Length of stay in 1b <u>Life</u>	c. CITY OR TOWN <u>Beaufort Mo R#R.</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Beaufort Mo R#R.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>✓</u>
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <u>August</u> Middle <u>T</u> Last <u>Linstromberg</u>			4. DATE OF DEATH Month <u>Dec</u> Day <u>15</u> Year <u>1959.</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</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>11/19/84</u>	9. AGE (last birthday) <u>75-0-26</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (City and state or country) <u>Beaufort Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Henry Linstromberg</u>		13b. MOTHER'S MAIDEN NAME <u>Mena Kappelmann</u>		14. NAME OF HUSBAND OR WIFE <u>Sophia Linstromberg</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <u>no</u> , or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>494-42-5222</u>	17. INFORMANT <u>Raymond Linstromberg</u> Address <u>Beaufort Mo.</u>
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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) <u>Cerebral thrombosis</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arteriosclerotic heart</u>	
DUE TO (c) <u>Stroke</u>		<u>1 month</u>

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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour <u>4:30</u> s.m. <u>p.</u> Month, Day, Year
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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
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21. I attended the deceased from Sept 1959 to Dec 15 1959 and last saw ^{him} her alive on Dec 14, 1959
 Death occurred at 4:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Christina M. Brown</u> (Degree or title)	22b. ADDRESS <u>Beaufort Mo</u>	22c. DATE SIGNED <u>12/19</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec 18, 1959</u>	23c. NAME OF CEMETERY OR CREMATOR <u>St Johns Luth.</u>	23d. LOCATION (City, town, or county) (State) <u>Beaufort Mo.</u>
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24. FUNERAL DIRECTOR <u>E H Lemme</u> ADDRESS <u>Beaufort Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Dec 16 1959</u>	26. REGISTRAR'S SIGNATURE <u>John Charles Finley</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

APR 5 1980

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by E. H. Lemme, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E H Lemme

Licensed Embalmer No. 3076

P. O. Address Beaufort

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.