

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007876

STATE FILE NUMBER

AMENDED

Registration District No. 50 Primary Registration District No. 4071 Registrar's No. 15

FILED APR 11 1961

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY Camden | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Camden | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Camdenton | | Length of stay in 1b 7 years | c. CITY OR TOWN Camdenton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 622 Southwest 54 | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 622 Southwest 54 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Albert Middle Richard Last Lindquist | | | 4. DATE OF DEATH April 1, 1961 Month April Day 1 Year 1961 |
| 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 June 21, 1892 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) time keeper | | 10b. KIND OF BUSINESS OR INDUSTRY farm machinery | 9. AGE (last birthday) 68 IF UNDER 1 YEAR Months 68 Days Hours Min. |
| 11. BIRTHPLACE (City and state or country) Chicago, Illinois | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME August Lindquist | | 13b. MOTHER'S MAIDEN NAME Caroline Anderson | 14. NAME OF HUSBAND OR WIFE Mildred Lindquist |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 17. INFORMANT 622 Southwest 54 Mildred Lindquist Camdenton, Missouri | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Atherosclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized Arteriosclerosis | | | INTERVAL BETWEEN ONSET AND DEATH Minutes Years |
| 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.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 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 Camdenton, Missouri COUNTY STATE |
| 21. I attended the deceased from Feb. 1960 to Mar 1961 and last saw ^{her} him alive on Mar. 18, 1961 Death occurred at 11:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>[Signature]</i> (Degree or title) M.D. | | 22b. ADDRESS Camdenton, Missouri | 22c. DATE SIGNED 4/2/61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | 23b. DATE 4/3/61 | 23c. NAME OF CEMETERY OR CREMATORY Fairmount Cemetery | 23d. LOCATION (City, town, or county) (State) Evergreen Park, Illinois |
| FUNERAL DIRECTOR <i>[Signature]</i> Walter Hodges Funeral Home | | 25. DATE RECD. BY LOCAL REG. Apr. 2-1961 | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> Zilpha J. Inaw. |

(Licensed Embalmer's Statement on Reverse Side)

APR 11 1961

AUG 24 1961

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 Walter D. Hedger

Licensed Embalmer No. 4265

P. O. Address Camdenton, Missouri

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.