SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-013229
STATE FILE NUMBER

AMENDED

Registration District No. 114 Primary Registration District No. 5432 Registrar's No. 8

FILED MAY 9 1961

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Meramec Township — Length of stay in 1b 3 months
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Route # 2 — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Franklin
c. CITY OR TOWN Sullivan — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route # 2 — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First CLARA Middle - - - Last LINDAMAN

4. DATE OF DEATH Month May Day 4, Year 1961

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH 5/26/1907
9. AGE (last birthday) 53 — 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) Factory Worker
10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory
11. BIRTHPLACE (City and state or country) Missouri Washington County,
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Sebastian Emily
13b. MOTHER'S MAIDEN NAME Annie Doud
14. NAME OF HUSBAND OR WIFE William Lindaman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) - - - - - - -
16. SOCIAL SECURITY NO.
17. INFORMANT Address Donna Lindaman, R#2, Sullivan, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CARCINOMA OF BRAIN — INTERVAL BETWEEN ONSET AND DEATH 1 YR.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
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 Feb 1961, to May 1961 and last saw her/him alive on
Death occurred at 4:00 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert M Crawford M.D.
22b. ADDRESS Sullivan Mo.
22c. DATE SIGNED May 5 61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5/6/1961
23c. NAME OF CEMETERY OR CREMATORY Buffalo
23d. LOCATION (City, town, or county) (State) Sullivan, Missouri

24. FUNERAL DIRECTOR ADDRESS Strauser-Lenox, Sullivan, Missouri.
25. DATE RECD. BY LOCAL REG. MAY 6, 1961
26. REGISTRAR'S SIGNATURE Harrison W. Eaton

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF — MEDICAL CERTIFICATION

MAY 11 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 Richard L. Strauss, Student Embalmer No. 623 working under my personal supervision.

Student Richard L. Strauss Signed K. M. Lemot
Signature of Student Embalmer

Licensed Embalmer No. 3601

P. O. Address St. Cloud, M

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.