MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-027053
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7040

FILED AUG 8 1961

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Wright

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in Ib 6 Months

c. CITY OR TOWN Mountain Grove — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bernard Nursing Home — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 717 Oakland Ave. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First MR. Middle LAWRENCE Last E. LINDHOLM

4. DATE OF DEATH Month JULY Day 27, Year 1961

5. SEX M.

6. COLOR OR RACE W.

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH Dec 13 1879

9. AGE (last birthday) 81

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) Manager

10b. KIND OF BUSINESS OR INDUSTRY Mountain Grove Power and Light Co.

11. BIRTHPLACE (City and state or country) Mountain Grove, Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Frank August Lindholm

13b. MOTHER'S MAIDEN NAME Magdeline Anderson

14. NAME OF HUSBAND OR WIFE Elizabeth Mitchell Lindholm

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. 4

17. INFORMANT Miss Mildred Lindholm Address 6254 Enright Ave. (30)

MEDICAL CERTIFICATION

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

IMMEDIATE CAUSE (a) Massive Gastrointestinal Bleeding — INTERVAL BETWEEN ONSET AND DEATH 48 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Undiagnosed Anemia with severe liver damage — 6 months

DUE TO (c) ?? Carcinoma Colon 153.8

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Carcinoma Prostate 3 years. Uremia - 6 mos plus - Arterio-sclerotic Heart Disease 3 yrs + Coronary Insufficiency - 6 mos +

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 March 20, 1961, to July 27, 1961 and last saw her/him alive on July 27, 1961
Death occurred at 8:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Fred W. Clark (Degree or title) M.D.

22b. ADDRESS 864 Hamilton Blvd St. Louis 12 Missouri

22c. DATE SIGNED 7-28-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal-auto

23b. DATE July 28, 1961

23c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery

23d. LOCATION (City, town, or county) (State) Mountain Grove, Missouri

24. FUNERAL DIRECTOR ADDRESS Evans-Craig Funeral Home, Mountain Grove Mo.

25. DATE RECD. BY LOCAL REG. JUL 29 1961

26. REGISTRAR'S SIGNATURE Earl Smith M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

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 me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed J. Allen Davis Jr

Licensed Embalmer No. 4953

P. O. Address _____

July 27-19

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.