

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0034932

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 131

Primary Registration District No. 4218

Registrar's No.

FILED OCT 5 1964

VS 300
Rev. 4/59

1 0421
2 0421
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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY Henry | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor | | Length of stay in 1b 12 hours | |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Arthur Dean Lindemann | | 4. DATE OF DEATH Month Day Year September 29, 1964 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 9-28-1964 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days 12 Min. |
| 11. BIRTHPLACE (City and state or country) Windsor, Mo. Henry U. S. A. | | 12. CITIZEN OF WHAT COUNTRY | |
| 13a. FATHER'S NAME George A. Lindemann | | 13b. MOTHER'S MAIDEN NAME Barbara Sue Shifflet | |
| 14. NAME OF HUSBAND OR WIFE (none) | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | |
| 16. SOCIAL SECURITY NO. (none) | | 17. INFORMANT George A. Lindemann Windsor, 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) Cerebral Anoxia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Unilateral Cord Compression DUE TO (c) _____ | | INTERVAL BETWEEN ONSET AND DEATH 12 hrs. | |
| 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 | |
| 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. 1 | 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 Pettis co. Missouri | | 20g. COUNTY Missouri |
| 21. I attended the deceased from 9-28-64 to 9-29-64 and last saw him alive on 9-29-64 Death occurred at 11:00 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) | |
| 22b. ADDRESS <i>[Address]</i> | | 22c. DATE SIGNED 9-30-64 | |
| 23a. BURIAL, CREMATION REMOVAL (Specify) Burial | 23b. DATE 9-30-1964 | 23c. NAME OF CEMETERY OR CREMATORY Antioch Cemetery | |
| 23d. LOCATION (City, town, or county) Pettis co. Missouri | | 23e. STATE Missouri | |
| 24. FUNERAL DIRECTOR Clifford Gouge Windsor, Mo. | | 25. DATE RECD. BY LOCAL REG. Oct. 2, 1964 | |
| 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> | | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> | |

USE BLACK INK
OR
TYPEWRITER RIBBON

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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.

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Student _____
Signature of Student Embalmer

Signed Clifford Louge

Licensed Embalmer No. 5014

P. O. Address Windsor, Mo.

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.