

FILED JUL 24 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22857

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5506 Registrar's No. 108

0420  
1

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Henry, 0420</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton RR#1</u>	c. LENGTH OF STAY (in this place) <u>6 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton Mo 0</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>RR#1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELMER</u> b. (Middle) <u>A</u> c. (Last) <u>LINDSTROM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 18 1951</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>July 9 1892</u>		9. AGE (In years last birthday) <u>59</u> IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hatchery Bus</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Indian Territory 1</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Charley Lindstrom</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret</u>	14. NAME OF HUSBAND OR WIFE <u>MARY E</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs E A Lindstrom</u>	ADDRESS <u>Clinton</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coccyx Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Atherosclerosis</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Heat exhaustion</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201 F</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>July 18, 1951</u>
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22. I hereby certify that I attended the deceased from deceased rearrived that I last saw the deceased alive on 19, and that death occurred about 24., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert H. Hester, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Clinton, Mo.</u>	23c. DATE SIGNED <u>7/19/51</u>
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/21/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Englewood</u>	24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>
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DATE REC'D BY LOCAL REG <u>July 19 1951</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	422*	25. FUNERAL DIRECTOR'S SIGNATURE <u>J E Cosens</u>	ADDRESS <u>Clinton Mo</u>
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HAS KEL

RECEIVED 7-23-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 7-23-51

AUG 14 1951

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 \_\_\_\_\_  
Student Embalmer

Signed

*J E Conner*

Licensed Embalmer No. 1891

P. O. Address *Clinton 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 this body is not embalmed, fact should be so stated above.