

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **42101**

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **61**

04280

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, write RURAL and give township) Clinton		c. CITY (If outside corporate limits, write RURAL and give township) Clinton mo	
c. LENGTH OF STAY (in this place) 10da		d. STREET ADDRESS (If rural, give location) RR # 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wetzel Hosp			

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) L c. (Last) LINDSTROM			4. DATE OF DEATH (Month) (Day) (Year) Dec 16 1952		
5. SEX FEM		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WID	
8. DATE OF BIRTH 8/10/1903		9. AGE (In years last birthday) 49		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Mins) 4 6	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hatchery		10b. KIND OF BUSINESS OR INDUSTRY School Teacher		11. BIRTHPLACE (City and State or Foreign Country) St Louis mo	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. OTHER'S NAME GEO KESLER		13b. MOTHER'S MAIDEN NAME Winnie STAPLES		14. NAME OF HUSBAND OR WIFE ELMER (deceased)	
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'S SIGNATURE OR NAME Winnie KESLER ADDRESS Clinton	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of breast		Antecedent causes Emboli of lung					
		DUE TO (b) metastasis to liver					
		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 170X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from **Sept 1, 1952** to **Dec 16, 1952**, that I last saw the deceased alive on **Nov 16, 1952**, and that death occurred at **12 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) MD		23b. ADDRESS 105 E. Ohio Clinton mo.		23c. DATE SIGNED Dec. 16-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12/19/52		24c. NAME OF CEMETERY OR CREMATORY ENGLEWOOD	
24d. LOCATION (City, town, or county) (State) Clinton mo		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Clinton mo			
DATE REC'D BY LOCAL REG. Dec-22-52		REGISTRAR'S SIGNATURE [Signature]			

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

APR 16 1953

MAY 7 1956

FEB 24 1959

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.