

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44113**

FILED JAN 24 1952

BIRTH NO. **86995** REG. DIST. NO. **282** PRIMARY REG. DIST. NO. **4424** Registrar's No. **9**

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Humansville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stockton	
c. LENGTH OF STAY (in this place)		0200	
d. FULL NAME OF HOSPITAL OR INSTITUTION Dimmitt Memorial Hosp.		d. STREET ADDRESS (If rural, give location) /	

3. NAME OF DECEASED (Type or Print)	a. (First) Linda	b. (Middle) Jo	c. (Last) Fidler	4. DATE OF DEATH (Month) (Day) (Year) 12/23/1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Dec. 21, 1951	9. AGE (in years last birthday) 0	IF UNDER 1 YEAR Months 0 Days 2	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Humansville, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joe Fidler	13b. MOTHER'S MAIDEN NAME Ruby Dean Tindall	14. NAME OF HUSBAND OR WIFE
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Joe Fidler, Stockton, Mo.	ADDRESS Stockton, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature Birth		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. 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 776x	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) Stockton, Cedar, Mo.
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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?
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22. I hereby certify that I attended the deceased from **12/21**, 1951, to **12/23**, 1951, that I last saw the deceased alive on **12/23**, 1951, and that death occurred at **9:25 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE D. Robinson M.D.	(Degree or title)	23b. ADDRESS Humansville, Mo.	23c. DATE SIGNED 12/26/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/24/1951	24c. NAME OF CEMETERY OR CREMATORY Lindley Prairie	24d. LOCATION (City, town, or county) (State) Cedar County, Mo.
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DATE REC'D BY LOCAL REG. Jan 15, 1952	REGISTRAR'S SIGNATURE Ralph Gardner	25. JUNEBA DIRECTOR'S SIGNATURE John A. Cantlon	ADDRESS Stockton, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 John A. Carlton

Licensed Embalmer No. 4387

P. O. Address Stockett, 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.