FILED MAY 26 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15593

Registration District No. 5 Primary Registration District No. 5940 Registrar's No. 1

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

1. PLACE OF DEATH:

(a) County Pulaski Union

(b) City or town Rural Near Dixon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski 85

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Near Dixon
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Thomas Wayne Lindsey

3. (b) If veteran, name war .....

3. (c) Social Security No. 489-16-1714

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased October 8, 1919
(Month) (Day) (Year)

8. AGE: Years 21 Months 6 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace Nowata, Oklahoma /
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business .....

FATHER
12. Name Albert G. Lindsey
13. Birthplace Pennsylvania /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna E. Hepinbotham
15. Birthplace Pennsylvania /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Paul Lindsey
(b) Address Dixon, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/13/1941
(Month) (Day) (Year)
(c) Place: burial or cremation Dixon Cemetery

18. (a) Signature of funeral director Fred H. Gilbert
(b) Address Dixon, Mo.

19. (a) 4-30-41 (Date received local registrar) (b) A. A. Luth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 10
year 1941 hour 6 minute 30 P M.

21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...;
that I last saw him alive on ..... 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Basal Fracture	
Due to Auto Collision	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none held

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence April 10, 1941 0 85
(c) Where did injury occur? Near Dixon Pulaski Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
6 24 public road
(Specify type of place)
While at work? yes (e) Means of injury 2 Car wreck

23. Signature C. Mallette Coroner (M. D. or other)
Address Crocker Mo Date signed 4-13-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District File Number 5-41-593
Date Filed

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

April 10, 1941, Registered Apprentice No.

working under my personal supervision.

Signed Fred D. Gilbert

Licensed Embalmer No. 2341

P. O. Address Dixon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.