

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 10 1942

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 257

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 907 Missouri Avenue
(If not in hospital or institution, write street number or location)

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

In this community.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Callaway

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

(d) Street No. 708 Maryland
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Joe Riley Lindley

3. (b) If veteran, name war. ✓

3. (c) Social Security No. ✓

4. Sex M 5. Color or race St.

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

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

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Aug 31 1892
(Month) (Day) (Year)

8. AGE: Years 50 Months 2 Days 20
If less than one day hr. min.

9. Birthplace Dade Co. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name John Cyrus Lindley

13. Birthplace Dade Co. 0
(City, town, or county) (State or foreign country)

14. Maiden name Florence Stanley

15. Birthplace Dade Co. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Marguerite Rountree

(b) Address 907 Missouri Ave.

17. (a) Burial (b) Date thereof 11-22-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenfield Mo.

18. (a) Signature of funeral director Thos. Jordan

(b) Address Jefferson City, Mo.

19. (a) 11-22-42 (b) Norma Richter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20
year 1942 hour 8:45 minute M.

21. I hereby certify that I attended the deceased from no
attendance 19..... to..... 19.....
that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death
This man died without medical attendance. He had complained of pain in his chest irregularly for a month. He had a slight coughing spell a few minutes before death. There was no evidence of foul play or suicide.

Death was probably due to Coronary Heart disease.

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations none gpa

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work? (Specify type of place) (e) Means of injury.....

23. Signature Edw. Maurus (M. D. or other)
Address Cole Co. Mo. Coroner Date signed 11-21-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

26
5
4

APR 5 1943

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Louis Quest

Licensed Embalmer No.....

4096

P.O. Address.....

Jefferson City 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.