

FILED MAR 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8761

BIRTH NO. 49-015901 REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Babuy</u> b. COUNTY <u>NY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Prairie</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NY</u>	
c. LENGTH OF STAY (in this place) <u>7 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>NY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County C. Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lindley</u> b. (Middle) <u>Infant</u> c. (Last) <u>(A)</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 20, 1949</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>February 20, 1949</u>	9. AGE (In years last birthday) <u>7</u> <u>30</u> <u>7</u> <u>30</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Independence Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Harry Lindley</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>no</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harry Lindley Greenwood Mo</u>	ADDRESS <u>no</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>prematurity</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>no</u> DUE TO (c) <u>no</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>7/10/49</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	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 2-20-49, 1949, to 2-20-49, 1949, that I last saw the deceased alive on 2-20-49, 1949, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank E. Johnson M.D. M.P.R.#4</u>	23b. ADDRESS <u>Independence Mo</u>	23c. DATE SIGNED <u>2-22-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/22/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Leis Summit</u>	24d. LOCATION (City, town, or county) (State) <u>Leis Summit Mo</u>
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DATE REC'D BY LOCAL REG. <u>2-23-49</u>	REGISTRAR'S SIGNATURE <u>Donald C. Earnshaw</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>N.B. Langford</u>	ADDRESS <u>Leis Summit Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____

working under my personal supervision.

not Embalmed

Student Embalmer No. _____

Student
Student Embalmer

Signed *W B Langford*

Licensed Embalmer No. *3833*

P. O. Address *Sci Summit 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.