

No. 300
10.48

FILED SEP 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26634**
Registrar's No. **762-A**

BIRTH NO.		REG. DIST. NO. 128	PRIMARY REG. DIST. NO. 2000	Registrar's No. 762-A	
1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (in this place) 30 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		2
d. FULL NAME OF HOSPITAL OR INSTITUTION 1020 E. Harrison Street			d. STREET ADDRESS (If rural, give location) 1020 E. Harrison Street		
3. NAME OF DECEASED (Type or Print) a. (First) EUGENE		b. (Middle) THOMAS	c. (Last) LINDSEY	4. DATE OF DEATH (Month) (Day) (Year) August 23, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8 Sept. 1871	9. AGE (in years last birthday) 77	if UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Hickory County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Lycurgus Lindsey		13b. MOTHER'S MAIDEN NAME Lucy Toby		14. NAME OF HUSBAND OR WIFE Pearl Lindsey	
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 ADDRESS Mrs. E.T. Lindsey, Springfield, Mo		
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure ANTECEDENT CAUSES Hypertrophy Prostate Retention Urine DUE TO (b) DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Large prostate Conditions contributing to the death but not related to the disease or condition causing death				INTERVAL BETWEEN ONSET AND DEATH 610X
19a. DATE OF OPERATION 8-22-49	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) Springfield Greene		21d. (STATE) Mo	
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			
22. I hereby certify that I attended the deceased from Jan 1, 1949 , to Aug 23, 1949 ; that I last saw the deceased alive on Aug 25, 1949 , and that death occurred at 11:15 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE W. H. Handley MD		23b. ADDRESS Springfield, Mo		23c. DATE SIGNED 8-26-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 25 Aug 1949	24c. NAME OF CEMETERY OR CREMATORY Greenlawn	24d. LOCATION (City, town, or county) (State) Springfield, Mo.		
DATE REC'D BY LOCAL REG. 27 Aug 1949	REGISTRAR'S SIGNATURE W. H. Handley MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. C. Thomas, Springfield, Mo.			

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

NOV 22 1949

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.

Signed _____

Ralph H. Thieme

Signed _____

Student Embalmer

Licensed Embalmer No. 3681

P. O. Address Springfield, 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.