

FILED NOV 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35989**

BIRTH NO. _____ REG. DIST. NO. **325** PRIMARY REG. DIST. NO. **4472** Registrar's No. **46**

1. PLACE OF DEATH a. COUNTY Schuyler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Schuyler	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN Queen City)		c. CITY (If outside corporate limits, write RURAL and give town OR TOWN Queen City)	
c. LENGTH OF STAY (in this place) 49 years		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF HOSPITAL OR INSTITUTION Queen City, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) Jessie		b. (Middle) Lind	
c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) Oct. 31, 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 29, 1872
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home	
11. BIRTHPLACE (State or foreign country) Putnam County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William B. Cook		13b. MOTHER'S MAIDEN NAME Prudence Steel	
14. NAME OF HUSBAND OR WIFE Perley Lind		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 Perley Lind, Queen City, Mo. ADDRESS _____	
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) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary arteriosclerosis			
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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (STATE)			
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?			
22. I hereby certify that I attended the deceased from Jan 18, 1949 , to Oct 31, 1949 , that I last saw the deceased alive on Oct 25, 1949 , and that death occurred at 8:30 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) R. D. Bradley M.D.		23b. ADDRESS Queen City, Mo.	
23c. DATE SIGNED 11-1-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/2/49	
24c. NAME OF CEMETERY OR CREMATORY Queen City (Mo.)		24d. LOCATION (City, town, or county) (State) Queen City, Missouri	
DATE REC'D BY LOCAL REG. Nov 5-49		REGISTRAR'S SIGNATURE Paul M. Riley ADDRESS: Kirksville, Mo	

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

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AUG 22 1949

RECEIVED NOV 9 1949
District Health Officer No. 10
District File Number 11-49-189
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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.....

....., Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Roy H. Mercer

Licensed Embalmer No. 4432

P. O. Address Kirkville, Missouri

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.