

FILED MAY 2 1950 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13606

State File No.

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5636 Registrar's No. 266

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY OR TOWN <u>Orla</u> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <u>Orla</u> (If outside corporate limits, write RURAL and give township) <u>0530</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Orla Rural</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Route</u>	
3. NAME OF DECEASED a. (First) <u>Sarah Elizabeth</u> b. (Middle) <u>Lindsay</u> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>April 18 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 12, 1885</u>
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>6</u>	IF UNDER 24 HRS. Hours <u>6</u> Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Orla Laclede Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Solomon Snow</u>	
13b. MOTHER'S MAIDEN NAME <u>Margaret Davis</u>		14. NAME OF HUSBAND OR WIFE <u>C. C. Lindsay</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>C. C. Lindsay</u>		ADDRESS <u>Orla Mo.</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Right Lung</u> INTERVAL BETWEEN ONSET AND DEATH <u>about 1 yr</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>163X</u>	
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 <u>4-12</u> , 19 <u>50</u> , to <u>4-18</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4-17</u> , 19 <u>50</u> , and that death occurred at <u>7 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>C. C. Lindsay</u> (Degree or title) <u>M.D.U.</u>		23b. ADDRESS <u>Orla Mo.</u>	
23c. DATE SIGNED <u>4-20-50</u>		24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>April 20, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mrs. Bride Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Laclede Co. Mo.</u>		DATE REC'D BY LOCAL REG. <u>4-22-1950</u>	
REGISTRAR'S SIGNATURE <u>Hella L. May</u>		424 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Helms</u>	
ADDRESS _____		ADDRESS <u>Lebanon, Mo.</u>	

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

Received APR 29 1950

Laclede County Health Unit

File No. ... 5-50:68
MAY 1 1950

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Orsey M. Howe*

Licensed Embalmer No. *4222*

P. O. Address *Lebanon, 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.