

FILED APR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13787

State File No.

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 115

1. PLACE OF DEATH a. COUNTY <u>Marion</u> <u>Leavenworth Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fairfax Mo. 0820</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Leavenworth Hospital</u>		d. STREET ADDRESS <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>INA</u> b. (Middle) _____ c. (Last) <u>Lindsay</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-10-50</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>9-15-92</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Linnion Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>GORDON CANNON</u>		13b. MOTHER'S MAIDEN NAME <u>SARIE CANNON</u>		14. NAME OF HUSBAND OR WIFE <u>J. C. Lindsay</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J. C. Lindsay</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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock, circulatory collapse</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Multiple fracture of ribs</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>Crushing injury to chest</u>			<u>3 hrs</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>88224 32</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway - Pike Hill sec</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hull Pike, Linnion</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4 10 1950 4 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car turned over + fell on deceased.</u>

22. I hereby certify that I attended the deceased from 4/10/1950, to 4/10/1950, that I last saw the deceased alive on 4/10/1950, and that death occurred at 6 34 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>Robert J. Lanney MD</u>		23b. ADDRESS <u>504 Bk Bldg, Hannibal, Mo</u>		23c. DATE SIGNED <u>4/11/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>4-12-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Louisville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Linnion County Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-12-50</u>	REGISTRAR'S SIGNATURE <u>W. E. M... ..</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Grace Bonthead Bowling Green</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

0644

RECEIVED APR 15 1950
MARION CO. HEALTH DEPT.
DATE FILED APR 18 1950

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 Harold C. Kink.....

Licensed Embalmer No. 4597.....

P. O. Address Bowling Green, 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.