No. 300
10.48

FILED JUL 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22415

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 117

972

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

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshall, Mo.
c. LENGTH OF STAY (In this place): All his Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 535 North English

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshall 0972
d. STREET ADDRESS (If rural, give location): 535 North English 0

3. NAME OF DECEASED (Type or Print)
a. (First): Herbert
b. (Middle): Walker
c. (Last): Lindsey

4. DATE OF DEATH (Month) (Day) (Year): June 9 1950

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 2
8. DATE OF BIRTH: July 15-1887
9. AGE (In years last birthday): 62 — If under 1 year: Months 10, Days 14 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Produce Work
10b. KIND OF BUSINESS OR INDUSTRY: Chickens, Eggs, Etc.
11. BIRTHPLACE (State or foreign country): Shackelford, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Berry B. Lindsey
13b. MOTHER'S MAIDEN NAME: Annie M. Ellis
14. NAME OF HUSBAND OR WIFE: Floy B. Lindsey-Divorced

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): -
16. SOCIAL SECURITY NO.: 487-09-7448
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Warren Lindsey -Marshall, Missouri

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) — 002X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pernicious Anemia — 15 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 1947, *to* June 2, 1950, *that I last saw the deceased alive on* June 2, 1950, *and that death occurred at* 8 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. F. Wiley, M. D. 0
23b. ADDRESS: Marshall, Mo.
23c. DATE SIGNED: 6/10/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 6/11/50
24c. NAME OF CEMETERY OR CREMATORY: Ridge Park Cem
24d. LOCATION (City, town, or county) (State): Marshall, Mo.

DATE REC'D BY LOCAL REG.: June 10-1950
REGISTRAR'S SIGNATURE: Sidney T. Gray 385 0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: J. Leslie Swaney - Marshall, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUN 12
District Health Officer No. 8

District File Number.....

Date Filed 7-5-50

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.

Student Embalmer No.....

Signed J. Leslie Surrury

Signed.....
Student Embalmer

Licensed Embalmer No. 3235

P. O. Address Marshall, N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.