

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26980

State File No. ....

FILED AUG 21 1950

3210

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>36 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>618 West 18th St.</b>				d. STREET ADDRESS (If rural, give location) <b>618 West 18th Street</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Clyde</b>		b. (Middle) <b>Jesse</b>		c. (Last) <b>Lindsay</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 22, 1950</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Aug. 14, 1896</b>	9. AGE (In years last birthday) <b>54</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Lawyer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>CHICKASHA, OKLAHOMA</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
13a. FATHER'S NAME <b>THOMAS LINDSAY</b>		13b. MOTHER'S MAIDEN NAME <b>REBECCA GALBRETH</b>		14. NAME OF HUSBAND OR WIFE <b>ELLEN LINDSAY</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>--</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>CLAUDE R. LINDSAY, SHAWNEE, KANS</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>MEDICAL CERTIFICATION</b> <b>Explused Heart</b> <b>Coronary Infarction</b>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> <b>Coronary Infarction</b>  DUE TO (b)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH  <b>42</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>natural</b>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Hugh H. Owens</b> (Degree or title) <b>Neph. Dr. Owens</b>				23b. ADDRESS <b>1034 State Bldg</b>		23c. DATE SIGNED <b>7-22-50</b>	
24a. BURIAL CREMATION REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>7/25/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>SHAWNEE, CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>SHAWNEE, KANSAS</b>	
DATE REC'D BY LOCAL REG. <b>7-25-50</b>		REGISTRAR'S SIGNATURE <b>Maldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Dwight J. Tobin</b>		ADDRESS <b>20 W. Linwood</b>	

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

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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

*Forrest D. Coldman*

Licensed Embalmer No. *4719*

P. O. Address *Ch. Co. 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.