

FILED AUG 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27390

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington	
c. LENGTH OF STAY (In this place) 18 hours		1542	
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital		d. STREET ADDRESS (If rural, give location) 231 N. 16th St.	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) MARSHALL c. (Last) LINDSAY	4. DATE OF DEATH (Month) (Day) (Year) July 21, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 6, 1904	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months 9 Days 15	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister	10b. KIND OF BUSINESS OR INDUSTRY Church	11. BIRTHPLACE (State or foreign country) New Franklin, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Arthur N. Lindsay	13b. MOTHER'S MAIDEN NAME Margaret Waters	14. NAME OF HUSBAND OR WIFE Carrie Barge
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. 2	16. SOCIAL SECURITY NO. Not Known	17. INFORMANT'S SIGNATURE OR NAME Mrs. Carrie Lindsay, Lex., Mo.	ADDRESS Mo.
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure		INTERVAL BETWEEN ONSET AND DEATH 42/4
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Valvular heart disease		
	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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **July 20, 1950** to **July 21, 1950**, that I last saw the deceased alive on **July 21, 1950**, and that death occurred at **9:10 P.M.** from the causes and on the date stated above.

23a. SIGNATURE R. L. Payne, M.D.	(Degree of title)	23b. ADDRESS Lexington, Mo.	23c. DATE SIGNED 7/22/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/24/50	24c. NAME OF CEMETERY OR CREMATORY Machpelah	24d. LOCATION (City, town, or county) (State) Lexington, Mo.
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DATE REC'D BY LOCAL REG. Aug 10, 1950	REGISTRAR'S SIGNATURE Wm. E. Eastbrook	156	25. FUNERAL DIRECTOR'S SIGNATURE James L. Gumpel	ADDRESS Lex. Mo.
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(Licensed Embalmer) Statement on Reverse Side

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

SEP 28 1950

OCT 26 1950

AUG 28 1950

AUG 29 1950

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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.....

working under my personal supervision.

Student Embalmer No.....

Signed..... *Geo. McKean*

Signed.....
Student Embalmer

Licensed Embalmer No. *7983*

P. O. Address *Leamington, N.S.*

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.