

FILED NOV 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37606

5637 State File No.

No. 300  
19.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 42-66 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.F.D. Wellington</u>		c. LENGTH OF STAY (In this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Missouri</u> <u>3008</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Richard b. (Middle) Lee c. (Last) Lindsey 4. DATE OF DEATH (Month) (Day) (Year) Nov. 5, 1950

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 8. DATE OF BIRTH Aug. 13, 1916 9. AGE (In years last birthday) 34 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Clerk 10b. KIND OF BUSINESS OR INDUSTRY Store 11. BIRTHPLACE (State or foreign country) Arkansas 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Lindsey 13b. MOTHER'S MAIDEN NAME Lona Sanders 14. NAME OF HUSBAND OR WIFE James Lindsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War 2 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Lindsey, South West City

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Medical Certification  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Shock from hemorrhage into several coronary arteries  
ANTECEDENT CAUSES Due to (b) Died at Keno's motor car accident on 24 Aug 1946  
DUE TO (c) 2 miles west of Wellington Mo  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  
INTERVAL BETWEEN ONSET AND DEATH 58237  
32

19a. DATE OF OPERATION none 19b. MAJOR FINDINGS OF OPERATION no operation 20. AUTOPSY? YES  NO

21a. ACCIDENT (Specify) Accident 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Wd. highway 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Wellington Lafayette Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? Motor car accident 054

22. I hereby certify that I attended the deceased from 11-2, 1950, to after death, 1950, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 2:24 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Martin no coron 23b. ADDRESS Odesa Mo 23c. DATE SIGNED 11-5-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE Nov. 5, 1950 24c. NAME OF CEMETERY OR CREMATORY South West City Cem 24d. LOCATION (City, town, or county) (State) South West City, Mo.

DATE REC'D BY LOCAL REG. 11-5-1950 REGISTRAR'S SIGNATURE Emma Davidson 15 Deputy 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Pveatte's Funeral Home Gravette, Ark

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

RECEIVED 11/15/50

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 11/15/50

1950  
JAN 9

NOV 17 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*J. Clair Sheppard*

Signed .....  
Student Embalmer

Licensed Embalmer No. 4179

P. O. Address Wellington, Ind.

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.