

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **255**

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline 1972	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall	
d. FULL NAME OF HOSPITAL OR INSTITUTION 585 West Boyd St.		d. STREET ADDRESS (If rural, give location) 585 West Boyd	

3. NAME OF DECEASED (Type or Print) a. (First) James	b. (Middle) Pinkney	c. (Last) Lindsey	4. DATE OF DEATH (Month) (Day) (Year) Dec. 23, 1950
--	----------------------------	--------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 25, 1886	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 2 Days 28	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocery merchant		10b. KIND OF BUSINESS OR INDUSTRY Own business		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Miles Lindsey	13b. MOTHER'S MAIDEN NAME Mary Ellen Baldwin	14. NAME OF HUSBAND OR WIFE Lila Thomas Lindsey
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lila T. Lindsey, Marshall, Mo.	ADDRESS Marshall, Mo.
---	--	---	---------------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4-20-1	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

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) _____	21e. INJURY OCCURRED WHILE AT _____ NOT WHILE AT WORK _____ WORK <input type="checkbox"/> <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
---	---	----------------------------------

22. I hereby certify that I attended the deceased from **Investigated the death Dec. 19, 1950**, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at **1:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) P. L. Lawler, Coroner Saline Co.	23b. ADDRESS Marshall, Mo.	23c. DATE SIGNED 12-24-50
---	--------------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 27, 1950	24c. NAME OF CEMETERY OR CREMATORY Ridge Park Cemetery	24d. LOCATION (City, town, or county) (State) Marshall, Mo.
--	-----------------------------------	--	---

DATE REC'D BY LOCAL REG. Dec. 26-1950	REGISTRAR'S SIGNATURE Sidney J. Gray	385	25. FUNERAL DIRECTOR'S SIGNATURE Campbell-Lewis	ADDRESS Marshall, Mo.
---	--	-----	---	---------------------------------

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

RECEIVED 1-2-51

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed 1-2-51 -----

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.....
Student Embalmer

Signed *James H. Lewis Jr.*

Licensed Embalmer No. *4709*

P. O. Address *Marshall, 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.