

FILED MAR 8 1951

STANDARD CERTIFICATE OF DEATH

State File No. 5621

BIRTH NO. 9108-51 REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 20

0821

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

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eolia	
c. LENGTH OF STAY (In this place) 2 hrs 12 min		d. STREET ADDRESS (If rural, give location) Rural Rte # 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pike County Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth		b. (Middle) K	c. (Last) Lindsay
4. DATE OF DEATH (Month) (Day) (Year) Feb. 22 1957			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant, Newborn.	8. DATE OF BIRTH Feb 22, 1951
9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours Min. 2 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
		Louisiana MO	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Clement Lindsay		13b. MOTHER'S MAIDEN NAME Margaret Ann Reese	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) - (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mr. Clem Lindsay
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart Defect ANTECEDENT CAUSES: Prematurity - (7 mo. gestation Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Anomalies - No Vagina. No Anus. Also Bilateral Club Feet.	
INTERVAL BETWEEN ONSET AND DEATH Date of Birth 2-22-51 7:13 PM 7544			
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 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 Birth - Feb 22, 1957 , to Feb 22, 1957 , that I last saw the deceased alive on 2-22- , 1957, and that death occurred at 9:25 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Robert L. Andrew MD.		23b. ADDRESS 216 Georgia St. Louisiana, MO	23c. DATE SIGNED 2-22-57
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 2-23-1957	24c. NAME OF CEMETERY OR CREMATORY Louisville	24d. LOCATION (City, town, or county) (State) Louisville MO
DATE REC'D BY LOCAL REG. Feb 23, 1957	REGISTRAR'S SIGNATURE Bernice Collier	374	25. FUNERAL DIRECTOR'S SIGNATURE Grace Denford
			ADDRESS Bowling Green, MO

Date Received: MAR 2 1951
DISTRICT HEALTH OFFICE #
District File Number 357-
Date Filed: MAR 6 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was submitted~~ by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.