

FILED APR 23 1951

STANDARD CERTIFICATE OF DEATH

State File No. 12669
1463
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Linn</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>LaCygne</u> | |
| c. LENGTH OF STAY (in this place) <u>1 month</u> | | d. STREET ADDRESS (If rural, give location) <u>X</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Brighton Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) <u>GERALD</u> | | a. (First) <u>H.</u> b. (Middle) <u>LINDSEY</u> c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 3 1951</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>December 1, 1890</u> | | 9. AGE (In years last birthday) <u>61</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Baker</u> | | 11. BIRTHPLACE (State or foreign country) <u>LaCygne, Kansas</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u> | | | | | |

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| 13a. FATHER'S NAME <u>William E. Lindsey</u> | 13b. MOTHER'S MAIDEN NAME <u>Laura Morris</u> | 14. NAME OF HUSBAND OR WIFE <u>Pearl Lindsey</u> |
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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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Pearl Lindsey, LaCygne, Kansas</u> | ADDRESS <u>Kansas</u> |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>4201</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>repeted coronary attacks</u> DUE TO (c) <u>hypertension</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 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) | 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 Jan 19 46, to Apr 3 1951, that I last saw the deceased alive on Apr 2, 1951, and that death occurred at 12:45 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Amir Boutros</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>416 Argyle Bldg K. Mo</u> | 23c. DATE SIGNED <u>4-4-51</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>April 5, 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>LaCygne, Kansas</u> |
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| DATE REC'D BY LOCAL REG. <u>4-4-51</u> | REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>WILKS FUNERAL HOME</u> | ADDRESS <u>2315 Linwood K. C. 3 Mo</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Amin Boutros
1PM to 5 PM
Argyle Bldg.

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 Chas E. Wilks

Licensed Embalmer No. 2644

P. O. Address. H. C. 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.