

FILED JUL 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23317

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 247

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Independence		c. CITY (If outside corporate limits, write RURAL and give township) Independence	
c. LENGTH OF STAY (In this place) 40 yrs		d. STREET ADDRESS (If rural, give location) 805 Woodbury	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, 805 Woodbury			

3. NAME OF DECEASED (Type or Print) a. (First) Cornelius Wm. b. (Middle) Lindsey c. (Last) Lindsey			4. DATE OF DEATH (Month) (Day) (Year) July 6, 1951		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 3, 1886		9. AGE (In years last birthday) 65
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Drillier		10b. KIND OF BUSINESS OR INDUSTRY Stewart Sand Co.		11. BIRTHPLACE (State or foreign country) Litchfield, Nebr.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Cornelius Wm. Lindsey		13b. MOTHER'S MAIDEN NAME Martha Ellen Jackson		14. NAME OF HUSBAND OR WIFE Lillie Lindsey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none		16. SOCIAL SECURITY NO. 496 09 8610		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lillie Lindsey, Independence, 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, athenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 5 min	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary heart disease			2 mo.
	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"/>	
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) (m.)		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 May 11, 1951, to July 6, 1951, that I last saw the deceased alive on July 5, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE W. J. Johnson (Degree or title) Med.		23b. ADDRESS North Bond Bldg Independence Mo.		23c. DATE SIGNED 7/9/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE July 9, 1951		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	
24d. LOCATION (City, town, or county) (State) Independence, Mo.					

DATE REC'D BY LOCAL REG. July 9-1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Independence, Mo.	
---	--	--	--	---	--

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

485
1

JUL 25 1966

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *R. A. Lisle*

Licensed Embalmer No. *4123*

P. O. Address *Independence, 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.