

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16091

State File No. ....

S. No. 300  
V. 10.48

FILED MAY 26 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 125 PRIMARY REG. DIST. NO. 2000 Registrar's No. 507

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

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u> <u>0396</u>		d. STREET ADDRESS <u>821 COPELAND</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BAPTIST HOSP.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>VERNA</u> b. (Middle) <u>HELEN</u> c. (Last) <u>LINDSEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 22 1952</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED 3</u>	8. DATE OF BIRTH <u>NOV. (?) 1933</u>	9. AGE (In years last birthday) <u>18</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WATRESS</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>CAFE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>SPRINGFIELD, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>BERNIE J. LINDSEY</u>		13b. MOTHER'S MAIDEN NAME <u>MABEL MAE TURNER</u>		14. NAME OF HUSBAND OR WIFE <u>X</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>BERNIE J. LINDSEY SPRINGFIELD, MO</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Respiratory Failure due to and Edema</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last.</u> DUE TO (b) <u>central nervous system depression</u> DUE TO (c) <u>Acute Gastric Dilatation</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>15 minutes</u>
19a. DATE OF OPERATION <u>5-21-52</u>	19b. MAJOR FINDINGS OF OPERATION <u>Tooth Extraction</u>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>5-22-1952</u> , to _____, 19____, that I last saw the deceased alive on <u>5-22-</u> , 19 <u>52</u> , and that death occurred at <u>11 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Paul D. Upshaw, M.D.</u> (Degree or title)			23b. ADDRESS <u>Medical Arts Bldg Springfield, Mo.</u>	23c. DATE SIGNED <u>5-22-52</u>	
24a. BURIAL, CREMATION, REMOVAL <u>BURIAL</u>	24b. DATE <u>5/25/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ROBERTSON PRAIRIE</u>	24d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD, MO.</u>		
DATE REC'D BY LOCAL REG. <u>5-23-52</u>	REGISTRAR'S SIGNATURE <u>James A Amos, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.H. LOHMEYER SPRINGFIELD, MO.</u>		

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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 James T. Swadley

Licensed Embalmer No. 4815

P. O. Address Springfield

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.