No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29005

State File No.

BIRTH NO. REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 83

1. PLACE OF DEATH
a. COUNTY: Pike
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Louisiana
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pike Co Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Pike
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Louisiana 0821
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Elizabeth b. (Middle) — c. (Last) Lindsey

4. DATE OF DEATH (Month) 9 (Day) 4 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Oct 9 1861
9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months 10 Days 24 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pike Co Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Charley Harris
13b. MOTHER'S MAIDEN NAME: Sarah Harris
14. NAME OF HUSBAND OR WIFE: Al Lindsey

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.: —
17. INFORMANT'S SIGNATURE OR NAME: W. E. Mays — ADDRESS: Bowling Green 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c) Cardiac hypertrophy

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 ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-7-52, 19___, to 9-4-52 19___, that I last saw the deceased alive on 9-4-52, 19___, and that death occurred at 8 15 A m., from the causes and on the date stated above.

23a. SIGNATURE: [illegible] (Degree or title): M.D.
23b. ADDRESS: Louisiana Mo
23c. DATE SIGNED: 9-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 5 1952
24c. NAME OF CEMETERY ~~OR CREMATORY~~: Bowling Green
24d. LOCATION (City, town, or county): Bowling Green (State): Mo

DATE REC'D BY LOCAL REG.: Sept 5, 1952
REGISTRAR'S SIGNATURE: Bernice Collier
25. FUNERAL DIRECTOR'S SIGNATURE: Grace Pankhead — ADDRESS: Bowling Green Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 Harold C. Kirk

Signed.....
Student Embalmer

Licensed Embalmer No. 4597

P. O. Address Bowling Green, O

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.