

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38500**

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 31

6470
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH <u>Baptist Home</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission):	
a. COUNTY <u>Iron</u>		a. STATE <u>Missouri</u>	b. COUNTY <u>Iron</u>
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Ironton, Mo</u>)	c. LENGTH OF STAY (in this place) <u>4 1/2 mos 8 da</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Arcadia Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>The Home for Aged</u>	d. STREET ADDRESS (If rural, give location) <u>The Home for Aged, Baptist</u>		

3. NAME OF DECEASED			4. DATE OF DEATH	
a. (First) <u>Mrs Mary</u>	b. (Middle) <u>Ella</u>	c. (Last) <u>Lindsey</u>	(Month) <u>Oct</u>	(Day) <u>11</u> (Year) <u>1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>Nov 20-1868</u>	9. AGE (In years last birthday) <u>82</u> if UNDER 1 year Months <u>1</u> Days <u>8</u> if UNDER 2 hrs. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Columbia Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U</u>

13a. FATHER'S NAME <u>Robert T. Beasley</u>	13b. MOTHER'S MAIDEN NAME <u>Olivia Perry</u>	14. NAME OF HUSBAND OR WIFE <u>John W. Lindsey (deceased)</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>D. J. Scott</u> ADDRESS <u>Ironton 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Valvular heart deficiency</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Toxic thyroid</u> 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 <u>2520</u>	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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1952, to Oct 11, 1952, that I last saw the deceased alive on Oct 10, 1952, and that death occurred at 6:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>B. M. Fitzpatrick MD.</u> (Degree or title)	23b. ADDRESS <u>Lester ville Mo</u>	23c. DATE SIGNED <u>11/12/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>11-13-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Baptist Home Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ironton, Mo</u>
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DATE REC'D BY LOCAL REG. <u>11-13-52</u>	REGISTRAR'S SIGNATURE <u>Mrs. (Mrs.) Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home</u> ADDRESS <u>Ironton Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 Paul J. White

Licensed Embalmer No. 3012

P. O. Address Smiths Run

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.