

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5666 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <u>LEWIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LEWIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL UNION</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL UNION</u> <u>0550</u>	
c. LENGTH OF STAY (In this place) <u>12 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>2 mi. north Maywood</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 mi. north MAYWOOD</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>RUBERT</u> b. (Middle) <u>B.</u> c. (Last) <u>LINDSEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 30, 1952</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>8/30/84</u>
9. AGE (In years last birthday) <u>68</u>		# UNDER 1 YEAR <u>3</u>	# UNDER 1 MO. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MAYWOOD, MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>GEORGE LINDSEY</u>		13b. MOTHER'S MAIDEN NAME <u>BELLE WALTERS</u>	14. NAME OF HUSBAND OR WIFE <u>GOLDA LINDSEY</u>
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>XXXXXXX 327-05-2410</u>	17. INFORMANT'S SIGNATURE OR NAME <u>GOLDA LINDSEY</u> ADDRESS <u>MAYWOOD, 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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastric Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Stomach</u>			<u>14 wks</u>
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Anemia - emaciation etc.</u>			
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION: <u>151X</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 type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>June 10, 1952</u> , to <u>Nov 30, 1952</u> ; that I last saw the deceased alive on <u>Nov 27, 1952</u> , and that death occurred at <u>L1500 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>David Buchanan D.O.</u>		23b. ADDRESS <u>Marion, Mo.</u>	23c. DATE SIGNED <u>12/2/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12/2/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MAYWOOD</u>	24d. LOCATION (City, town, or county) (State) <u>MAYWOOD, MISSOURI</u>
DATE REC'D BY LOCAL REG. <u>12-3-52</u>	REGISTRAR'S SIGNATURE <u>P.W. Jennings</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>M.D. Charles L. Powell, Jr.</u> ADDRESS <u>LEWISTOWN, MO.</u>	

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

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FEB 20 1953

FEB 25 1953

DEC 9 1 1952

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 Charles J. Arnold, Jr.

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MISSOURI

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.