

FILED FEB 1 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 645

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5245 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <del>STATE</del> No. _____ b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Keytsville-Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Slater</u> <u>0971</u>	
c. LENGTH OF STAY (in this place) <u>4 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chariton Co. Rest Home</u>			
3. NAME OF DECEASED a. (First) <u>Reuben</u> b. (Middle) <u>Lindsay</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 30-53</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July, 29, 1871</u>
9. AGE (in years last birthday) <u>81</u>		10. MONTHS <u>6</u>	11. DAYS <u>1</u>
10a. USUAL OCCUPATION (Give kind of work depending on type of working life, even if retired) <u>retired druggist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Druggist</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Arrow Rock, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>			
13a. FATHER'S NAME <u>Littleton D. Lindsay</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Frances Brown</u>	14. NAME OF HUSBAND OR WIFE <u>none</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>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Marie Spencer, Slater, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic parenchymatous nephritis</u> INTERVAL BETWEEN ONSET AND DEATH <u>with blood</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>591X</u>	
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) _____		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>Aug 1952</u> , to <u>Jan 30, 1953</u> , that I last saw the deceased alive on <u>Jan 29, 1953</u> , and that death occurred at <u>3:00 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Carl E. Heger</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Keytsville Mo</u>	23c. DATE SIGNED <u>1/30/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/1/1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park</u>
24d. LOCATION (City, town, or county) (State) <u>Marshall, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1-31-53</u>		REGISTRAR'S SIGNATURE <u>D. H. Hawkins</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hill Brothers, Slater, Mo.</u>

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

0210  
4

**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 A. C. Hill

Licensed Embalmer No. 3090

P. O. Address Slater 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.