

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1153

State File No.

S. No. 300
v. 10.48

FILED FEB 9 1953

REG. DIST. NO. 128

PRIMARY REG. DIST. NO. 5458

Registrar's No. 118-C

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) <u>Walnut Grove</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Walnut Grove 0390</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>R R # 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence R R # 2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNIE</u>		b. (Middle) <u>E.</u> c. (Last) <u>LINDSEY</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 29-1953</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Jan 25-1953</u>
9. AGE (in years last birthday) <u>69</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 <u>Home</u>
11. BIRTHPLACE (State or foreign country) <u>Park County - Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Killingsworth</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah (unknown)</u>	
14. NAME OF HUSBAND OR WIFE <u>Andy 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>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Nelson Lindsey R R # 2</u>		ADDRESS <u>Walnut Grove</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>Carcinoma of cervix, origin unknown</u> ANTECEDENT CAUSES Morbidity 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>1991</u>	
19a. DATE OF OPERATION <u>1-2-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma through right upper cervical quad.</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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <u>Nov 20</u> , 19 <u>52</u> , to <u>Jan 28</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Jan 18</u> , 19 <u>53</u> , and that death occurred at <u>10:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Gene W. Farthing M.D.</u>		23b. ADDRESS <u>808 Med. Arts Bldg.</u>	
23c. DATE SIGNED <u>1/31/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Jan 31-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>		24d. LOCATION (City, town or county) (State) <u>Greene County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-2-53</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson Register</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Brim - Daniel Ash Bros - Mo</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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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

Doyle Daniel

Licensed Embalmer No. *4202*

P. O. Address *Ash Grove - Wis.*

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.