

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6539
REG. DIST. NO. 156
PRIMARY REG. DIST. NO. 2201
Registrar's No. 107

FILED MAR 3 - 1953

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

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived at institution; residence before admission) a. STATE MISSOURI	
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN	
c. LENGTH OF STAY (In this place) 2 WEEKS		d. STREET ADDRESS (If rural, give location) 1511 FURNACE	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHNS HOSPITAL		4. DATE OF DEATH (Month) (Day) (Year) FEB 24, 1953	
3. NAME OF DECEASED (Type or Print) a. (First) MAE		c. (Last) LINDSAY	
5. SEX 3 FEMALE		6. COLOR OR RACE NEGRO	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MAY 31, 1904	
9. AGE (In years last birthday) 48		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	
11. BIRTHPLACE (State or foreign country) GALENA, KANSAS		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME MARVIN HARDMAN		13b. MOTHER'S MAIDEN NAME SUSIE HANDLEY	
14. NAME OF HUSBAND OR WIFE GEORGE LINDSAY		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. 1562		17. INFORMANT'S SIGNATURE OR NAME GEORGE LINDSAY, 1511 FURNACE, JOPLIN	
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) Ca. of Liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary site metast. DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 6-30 , 1952 , to 2-23 , 1953 , that I last saw the deceased alive on 2-23 , 1953 , and that death occurred at 11:20p m., from the causes and on the date stated above.			
23a. SIGNATURE (In case of title) W. S. Searse M.D.		23b. ADDRESS 308 Frisco Bldg, Joplin, Mo.	
23c. DATE SIGNED 2-26-53		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 2-27-53		24c. NAME OF CEMETERY OR CREMATORY PARKWAY	
24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE 62 P. James	
DATE REC'D BY LOCAL REG. 2-28-53		REGISTRAR'S SIGNATURE W. S. Searse	
25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY, JOPLIN, MO.		ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.	

RECEIVED 3-2-53

Jasper County Health Office

County File Number 52/3/209

Date Filed 3-2-53

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 F. M. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 2314

P. O. Address Joplin 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.