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FILED JUN 18 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20838

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 240

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

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
c. LENGTH OF STAY (In this place): 15 Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Poplar Bluff Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Butler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Quilin 0120 1
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) SARAH b. (Middle) FRANSIS c. (Last) LINDSEY

4. DATE OF DEATH (Month) 6 (Day) 7 (Year) 1953

5. SEX: Fremal
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 20 1884
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours 4 Min. 5 Am

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Kentucky
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: John R. Bailey
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: H. G. Lindsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: H. G. Lindsey Quilin
ADDRESS: Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Stomach

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.: Metastatic Carcinoma

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 151X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-6, 1953, *to* 6-7, 1953, *that I last saw the deceased alive on* 6-6, 1953, *and that death occurred at* 4-5 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. E. Henrickson M.D.
23b. ADDRESS: Poplar Bluff Mo
23c. DATE SIGNED: June 8, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/9-1953
24c. NAME OF CEMETERY OR CREMATORY: Lulu Lee
24d. LOCATION (City, town, or county) (State): Hamersville Mo.

DATE REC'D BY LOCAL REG.: 6/12/53
REGISTRAR'S SIGNATURE: R H Mustell 484
25. FUNERAL DIRECTOR'S SIGNATURE: Emerson & Son
ADDRESS: Jonesboro Ark

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUN 15 1953
BUTLER CO. HEALTH CENTER
FILE No. _____

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 W T Emerson

Licensed Embalmer No. 352

P. O. Address Jamestown Ar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.