

No. 300
10.48

FILED OCT 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30256

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 54350 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY Gentry Co. Miller Township.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Gentry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Miller Township.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN McFall R.E. Miller Township	
c. LENGTH OF STAY (In this place) 1 yr.		d. STREET ADDRESS (If rural, give location) 0280	
d. FULL NAME OF HOSPITAL OR INSTITUTION Farm Home.			

3. NAME OF DECEASED (Type or Print)	a. (First) Alvin	b. (Middle) Charles	c. (Last) Lindley	4. DATE OF DEATH (Month) (Day) (Year) 9.27.1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12.26.1896	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Days 9	IF UNDER 24 HRS. Hours Min. 1
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) St. Joseph Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Oscar W. Lindley	13b. MOTHER'S MAIDEN NAME Mary D. Rinehold	14. NAME OF HUSBAND OR WIFE Pearl Lindley.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Pearl Lindley. McFall Mo. R.R.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 9-18, 1954, to 9.27.1954, that I last saw the deceased alive on 9-18, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS King City, Mo.	23c. DATE SIGNED 9.28.54.
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9.29.54	24c. NAME OF CEMETERY OR CREMATORY King City	24d. LOCATION (City, town, or county) (State) King City Mo.
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DATE REC'D BY LOCAL REG. Sept 29-54	REGISTRAR'S SIGNATURE Maude Williams	462	25. FUNERAL DIRECTOR'S SIGNATURE R. H. Jaggard	ADDRESS King City Mo.
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

OCT 29 1934

OCT 10 1934

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 R. G. Taggart

Licensed Embalmer No. 2563

P. O. Address King City 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.