

FILED OCT 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30689**
4236

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS City</u>		c. CITY OR TOWN <u>KANSAS City</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>300 BENTON HOME</u>		e. STREET ADDRESS (If rural, give location) <u>1603 LINWOOD</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>SUSANNA</u>		b. (Middle) _____ c. (Last) <u>LINDSEY</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>9-3-54</u>		5. SEX <u>FEMALE</u>	
6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	
8. DATE OF BIRTH <u>5-4-1878</u>		9. AGE (In years last birthday) <u>76</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. MERCHANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lady Ready to Wear</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>JAMES W. LINDSEY</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth KERNS</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>JAMES D. LINDSEY</u> ADDRESS <u>1603 LINWOOD</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hour</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>arteriosclerosis heart disease</u>		
DUE TO (c) _____		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>cerebral thrombosis et</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>hemiplegia</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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		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 July, 1954, to 9-3, 1954, that I last saw the deceased alive on 9-3, 1954, and that death occurred at noon m., from the causes and on the date stated above.

23a. SIGNATURE <u>Gustave Eiseman</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>701 E 63rd Street</u>		23c. DATE SIGNED <u>9/4/54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-7-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. WASHINGTON CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS City MISSOURI</u>	
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DATE REC'D BY LOCAL REG <u>9-5-54</u>		REGISTRAR'S SIGNATURE <u>neva minshall</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>Willson L. Kopy</u>		ADDRESS <u>Judyp 2nd</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Signature of Student Embalmer

Signed

Wilson L. Kely

Licensed Embalmer No. 422

P. O. Address *Indep.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.