

10
0.48

FILED JAN 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42116
State File No.

BIRTH NO. 134 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 406

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

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Mo. b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Farmington-Rural)	c. LENGTH OF STAY (In this place) 6 days	c. CITY OR TOWN Desloge	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 Pratt Nursing Home		STREET ADDRESS (If rural, give location) Farmington, Missouri	

3. NAME OF DECEASED (Type or Print) a. (First) William	b. (Middle) Riley	c. (Last) Lindsay	4. DATE OF DEATH (Month) (Day) (Year) Dec. 28. 1954
--	--------------------------	--------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 1, 1876	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Days 8	IF UNDER 24 HRS. Hours 27 Min.
--------------------	-------------------------------	---	---------------------------------------	---	-------------------------------	---------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Motorman	10b. KIND OF BUSINESS OR INDUSTRY Nat. Lead Co.	11. BIRTHPLACE (City and State or Foreign Country) Edvansville, Ind.	12. CITIZEN OF WHAT COUNTRY? U. S.
--	--	---	---

13a. FATHER'S NAME Wm. Riley Lindsay Sr.	13b. MOTHER'S MAIDEN NAME Ermeline Hendson	14. NAME OF HUSBAND OR WIFE Stella Lindsay
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 498-10-2353	17. INFORMANT'S SIGNATURE OR NAME Mrs. Stella Lindsay Desloge, Mo.	ADDRESS
---	--	---	---------

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) Generalized arteriosclerosis yrs		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
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	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) (Minute)	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 Nov, 1954, to Dec 28, 1954, that I last saw the deceased alive on Dec 26, 1954, and that death occurred at 8:pm m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. E. Conleton M.D.	23b. ADDRESS Farmington Mo.	23c. DATE SIGNED 12-30-54
---	------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/31/54	24c. NAME OF CEMETERY OR CREMATORY Bonne Terre Cem.	24d. LOCATION (City, town, or county) (State) Bonne Terre, Mo.
---	---------------------------	--	---

DATE REC'D BY LOCAL REG. Dec. 30, 1954	REGISTRAR'S SIGNATURE Etheridge	25. FUNERAL DIRECTOR'S SIGNATURE C. Z. Boyer & Son	ADDRESS Desloge, Mo.
---	--	---	-----------------------------

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 *B. T. Boyer*.....

Licensed Embalmer No. *366*.....

P. O. Address *Alcalá*.....

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.