

FILED FEB 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **5323**BIRTH NO. _____ REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **3028** Registrar's No. **28**

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Carthage		c. LENGTH OF STAY (In this place) 3 days		c. CITY OR TOWN Carthage		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 Mc Cune Brooks Hosp				e. STREET ADDRESS (If rural, give location) 1121 Clinton 0493					
3. NAME OF DECEASED (Type or Print) a. (First) Mettie		b. (Middle) M		c. (Last) Lindsey		4. DATE OF DEATH (Month) (Day) (Year) 2-15-1955			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-13-1910		9. AGE (In years) (M) (D) (H) 44	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) King Mills, Ark.		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME James T. Locke			13b. MOTHER'S MAIDEN NAME Tabitha Sutherland		14. NAME OF HUSBAND/OR WIFE Lyndon A. 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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lyndon A. Lindsey Carthage, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure due to ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congenital Defect - Patent Foramen Ovale DUE TO (c) Thrombocytopenia Conditions contributing to the death but not related to the disease or condition causing death. Adenoma in Colon				INTERVAL BETWEEN ONSET AND DEATH 10 yrs 3 mo	
19a. DATE OF OPERATION Feb 15 '55		19b. MAJOR FINDINGS OF OPERATION Reduplicated Adenoma of Colon 153X				20. AUTOPSY YES <input checked="" 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)		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 Feb 19, 1954 to Feb 15, 1955 , that I last saw the deceased alive on Feb 15, 1955 , and that death occurred at 9:30 P m., from the causes and on the date stated above.									
23a. SIGNATURE George H. Wood M.D.				23b. ADDRESS Carthage Mo		23c. DATE SIGNED Feb 16 '55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-18-1955		24c. NAME OF CEMETERY OR CREMATORY Park Cemetery		24d. LOCATION (City, town, or county) (State) Carthage, Missouri			
DATE REC'D BY LOCAL REG. 2-17-55		REGISTRAR'S SIGNATURE W. Clinton 139		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ulmer Funeral Home Carthage, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 3 1955

DATE FILED
DEC 1 1955

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 *William B. Conner*.....

Licensed Embalmer No. *48*

P. O. Address *Perth*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.