

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11532**

FILED MAY 2 1955

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

BIRTH NO.		REG. DIST. NO. <u>120</u>		PRIMARY REG. DIST. NO. <u>4197</u>		Registrar's No. <u>283</u>	
1. PLACE OF DEATH a. COUNTY <u>Stearns</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Madaway</u>			
b. CITY (If outside corporate limits, write RURAL, and give township) <u>Stearns</u>		c. LENGTH OF STAY (in this place) <u>40 days</u>		c. CITY OR TOWN <u>Hopkins</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>Monroe Nursing Home</u>				No. STREET ADDRESS <u>None</u>		(If rural, give location) <u>0740</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MATTIE</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>LINDSAY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 19-1955</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 30-1895</u>		9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James C Boyer</u>		13b. MOTHER'S MAIDEN NAME <u>America Jane Cook</u>		14. NAME OF HUSBAND OR WIFE <u>Marion S. Lindsay</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Marion S. Lindsay</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>encephalopathy, repeated.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis and hypertension</u> DUE TO (c) <u>unknown.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Terminal broncho pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>years</u> <u>years</u> <u>3 days</u>	
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) (Min.)		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 <u>Mar 20</u> , 1955, to <u>April 19</u> , 1955, that I last saw the deceased alive on <u>Apr 19</u> , 1955, and that death occurred at <u>6:30 p</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Arthur R. Barlin M.D.</u>				23b. ADDRESS <u>Stearns, Mo</u>		23c. DATE SIGNED <u>4-22-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-22-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hopkins-Camb.</u>		24d. LOCATION (City, town, or county) (State) <u>Hopkins Mo.</u>	
DATE REC'D BY LOCAL REG. <u>April 23-55</u>		REGISTRAR'S SIGNATURE <u>Maudie Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank L. Peterson</u>		ADDRESS <u>Bedford</u>	

DEC 20 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 *Frank Sullivan Jr*.....

Licensed Embalmer No. 451

P. O. Address *Bedford, Va*

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.