

FILED JUL 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20970

BIRTH NO.		REG. DIST. NO. 4		PRIMARY REG. DIST. NO. 4014		Registrar's No. 49	
1. PLACE OF DEATH a. COUNTY Atchison				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Atchison			
b. CITY (If outside corporate limits, write RURAL and give township) Fairfax 0		c. LENGTH OF STAY (in this place) 14 days		c. CITY (If outside corporate limits, write RURAL and give township) Fairfax		0030	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fairfax Comm. Hospital				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) ROBERT		b. (Middle) LINDSEY		c. (Last) HINDMAN		4. DATE OF DEATH (Month) (Day) (Year) July 22, 1955	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 13, 1875	
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm		11. BIRTHPLACE (State or foreign country) Atchison County, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME W. H. Hindman		13b. MOTHER'S MAIDEN NAME Betty Graves		14. NAME OF HUSBAND OR WIFE Edith Hindman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 500-36-2492		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edith Hindman Fairfax 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) Bronchopneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Institution DUE TO (c) Adenocarcinoma of stomach II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 151X				INTERVAL BETWEEN ONSET AND DEATH 3 days 5 mo. Unknown	
19a. DATE OF OPERATION 3-25-55		19b. MAJOR FINDINGS OF OPERATION 90% subtotal gastrectomy; adenocarcinoma of stomach				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)		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 3-2, 1955 , to 7-22, 1955 , that I last saw the deceased alive on 7-22, 1955 , and that death occurred at 1:00P m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M. Murphy, M.D.				23b. ADDRESS Parsons, Mo.		23c. DATE SIGNED 7/23/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 24, 1955		24c. NAME OF CEMETERY Pleasant Ridge		24d. LOCATION (City, town, or county) (State) Fairfax Mo.	
DATE REC'D BY LOCAL REG. July 23, 1955		REGISTRAR'S SIGNATURE Harvey H. Schooler		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schooler Funeral Home Fairfax Mo.			

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
Student Embalmer

Signed

Marvin W. Schoeler

Licensed Embalmer No. *4162*

P. O. Address *Fairfax, Virginia*

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.