

FILED SEP 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29540
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>128</u>	
1. PLACE OF DEATH a. COUNTY <u>Grundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> COUNTY <u>Mercer</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Trenton</u>		c. LENGTH OF STAY (In this place) <u>27 days</u>		c. CITY OR TOWN <u>Princeton</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Susan Rest Home - City</u>				e. STREET ADDRESS (If rural, give location) <u>0650</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Stella</u>		b. (Middle) _____		c. (Last) <u>Lindsey</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 29, 1955</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Dec. 28, 1876</u>		9. AGE (In years last birthday) <u>78</u>		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) <u>House keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Mercer Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Miles Toler</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Wilcox</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>X</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Erma Weaver Princeton, Mo.</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>		II. OTHER SIGNIFICANT CONDITIONS				350X	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b) <u>Parkinsons Disease</u>					
		DUE TO (c) <u>Cerebral Arteriosclerosis</u>					
		Generalized Arteriosclerosis					
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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 <u>Aug. 27, 1955</u> , to <u>Aug. 29, 1955</u> , that I last saw the deceased alive on <u>Aug 29, 1955</u> , and that death occurred at <u>11:10a.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>David M. Witten, M.D.</u>		23b. ADDRESS <u>1300 Main St. Trenton, Mo.</u>		23c. DATE SIGNED <u>Aug. 30, 55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-31-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Princeton Ceme.</u>		24d. LOCATION (City, town, or county) (State) <u>Princeton, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8/31/55</u>		REGISTRAR'S SIGNATURE <u>James J. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Don Martin</u>		ADDRESS <u>Martin Funeral Home Princeton, Mo</u>	

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

JAN 18 1957

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 *Jean Martin*

Licensed Embalmer No. *3766*

P. O. Address *Plenit...*

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.