

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1393

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 82

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | c. CITY OR TOWN <u>Kansas City</u> | |
| c. LENGTH OF STAY (in this place) <u>4 1/2 yrs</u> | | d. FULL NAME OF HOSPITAL OR INSTITUTION <u>120 W 78th Terr</u> | |
| e. STREET ADDRESS <u>120 W 78th Terr</u> | | f. STREET ADDRESS (If rural, give location) <u>3140</u> | |

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|--|--|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print) <u>Mr Bert Clay Lindsey</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>1-6-1956</u> | | |
| 5. SEX <u>male</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | |
| 8. DATE OF BIRTH <u>1-19-1885</u> | | 9. AGE (In years last birthday) <u>70</u> | | 10. IF UNDER 1 YEAR Months Days <u>- -</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Special Machinist Bendix Aviation Corp</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Winston</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri U. S. A.</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | | 13a. FATHER'S NAME <u>Charles T Lindsey</u> | | 13b. MOTHER'S MAIDEN NAME <u>Rosa Starnes</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>ada Lindsey</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>510-12-3416 A</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>ada Lindsey</u> | | 17. ADDRESS <u>120 W 78th Terr</u> | | 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cardio Vascular Renal disease 2 yrs</u> | |

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|--|--|---|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cardio Vascular Renal disease 2 yrs</u> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio Vascular Renal disease</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> | |
| *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 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>442K</u> | |

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|---|--|--|--|---|--|
| 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) | | 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 Dec 30, 1953, to Jan 6, 1956, that I last saw the deceased alive on Dec 14, 1955, and that death occurred at 3:15A m., from the causes and on the date stated above.

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|---|--|---|--|---|--|
| 23a. SIGNATURE (Orval T) Needels (Degree or title) D | | 23b. ADDRESS <u>7400 Wornall K.P.M.</u> | | 23c. DATE SIGNED <u>Jan 7, 1956</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>1-9-1956</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Reformed Presbyterian Cem.</u> | |
| 24d. LOCATION (City, town, or county) <u>Winchester Kansas</u> | | 24e. FUNERAL DIRECTOR'S SIGNATURE <u>France - Wornall Funeral Home</u> | | 24f. ADDRESS <u>K.C. Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>1-7-56</u> | | REGISTRAR'S SIGNATURE <u>neva minshall</u> | | FUNDING AGENCY'S SIGNATURE <u>France - Wornall Funeral Home</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Russell N. Francis*

Licensed Embalmer No. *42*

P. O. Address *KC 7*

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.