

FILED APR 11 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9606

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>3033</u>		Registrar's No. <u>57</u>			
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). - a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>		c. LENGTH OF STAY (in this place) <u>1 Year</u>		c. CITY OR TOWN <u>Lebanon</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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Knox Nursing Home</u>				e. STREET ADDRESS (If rural, give location) <u>175 Morton Road</u> <u>06200</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u>			b. (Middle)		c. (Last) <u>Lindsay</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 30, 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>Jan 29, 1873</u>		9. AGE (In years last birthday) <u>83</u> IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Laclede County Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>J. P. Lindsay</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown McBride</u>			14. NAME OF HUSBAND OR WIFE <u>Malissa Lindsay</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>None.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. W. J. Lindsay, Waynsville, Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Paralytic Stroke</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac Decompensation</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>30m</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) <u>334X</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>3-15-1956</u> to <u>3-30-1956</u> , that I last saw the deceased alive on <u>3-30-1956</u> , and that death occurred at <u>2:30 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>J. Bohrer</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Lebanon Mo</u>			23c. DATE SIGNED <u>3-31-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-1-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Carney Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Laclede County Missouri</u>			
DATE REC'D BY LOCAL REG. <u>4-1-1956</u>		REGISTRAR'S SIGNATURE <u>Wella L. Gray</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>S. R. Palmer Lebanon Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

424

9561 98 1361

Received 4-9-56  
Laclede County Health Unit  
File No. 57  
Date Filed 4-9-56

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 S. R. Palmer

Licensed Embalmer No. 2306

P. O. Address L. Hanon

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.