

FILED MAY 7 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13758

State File No.

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>JEFF</u>	
b. CITY OR TOWN <u>De Soto</u>	c. LENGTH OF STAY (In this place) <u>YRS</u>	c. CITY OR TOWN <u>De Soto</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>718 S. 3RD.</u>		e. STREET ADDRESS (If rural, give location) <u>718 S. 3RD. 2502</u>	

3. NAME OF DECEASED (Type or Print) <u>JOHN ALLEN LINDSAY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APR 22 1958</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH 18 1873</u>	9. AGE (In years last birthday) <u>83</u>	10. UNDER 1 YEAR Months Days	11. UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET. WATCHMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SHOE FACTORY</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>GRAY VILLE ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>WM LINDSAY</u>		13b. MOTHER'S MAIDEN NAME <u>ALICE TAYLOR</u>		14. NAME OF HUSBAND OR WIFE <u>MARY LINDSAY</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>493-01-2278</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Carl Lindsay, Dad's Mo</u>		ADDRESS <u>Mo</u>
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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>Essential Hypertension</u>		ANTECEDENT CAUSES		<u>10-15yr</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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>Infirmities of age</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>444X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Oct 1949, to 4-22 1958, that I last saw the deceased alive on 4-22 1958, and that death occurred at 1:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles E. Fallett MD</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>De Soto Mo</u>	23c. DATE SIGNED <u>4-24-58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>APR. 25 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FLUCOM CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>FLUCOM Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-30-58</u>	REGISTRAR'S SIGNATURE <u>Marie Harris</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Donnell B. Deibel</u>	ADDRESS <u>De Soto Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED MAY 5 1956

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 *Orville B. Decker*

Licensed Embalmer No. *410*

P. O. Address *State St*

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.