

FILED JUN 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20195
STATE FILE NUMBER
128 Primary Registration District No. 2000 Registrar's No. 543

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1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cadon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY -OR TOWN Eldorado Springs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital		Length of stay in 1b 50 hrs.	d. STREET ADDRESS (If outside, give location) No Street address
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First ALLEN Middle Last LINDSEY			4. DATE OF DEATH Month June Day 14 Year 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 17 Nov. 1873	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Book Keeper		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Indiana	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Nathaniel Lindsey			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Hospital Records		
Address					

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 1 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral + Generalized Arteriosclerosis			3
DUE TO (c) 332X			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Arteriosclerotic Heart Disease			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY. Hour, Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from 3-22-56 to 6-14-56 and last saw him live on 6-14-56 Death occurred at 10:14 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Harold H. Lane, M.D.	22b. ADDRESS 609 Cherry Springfield, Missouri
22c. DATE SIGNED 6-14-56	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-15-56	23c. NAME OF CEMETERY OR CREMATORY Earlton Cemetery	23d. LOCATION (City, town, or county) (State) Earlton, Kansas
24. FUNERAL DIRECTOR Carothers Funeral Home	ADDRESS Eldorado Springs Mo.	25. DATE RECD. BY LOCAL REG. 6-15-56	26. REGISTRAR'S SIGNATURE Edith Williamson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Seal of the State of Missouri, Department of Health, Division of Health, Standard Certificate of Death, Form No. 1, 1955 Edition, Revised 1956. This form is to be used for the purpose of recording the death of a person who has died in Missouri. It is to be filled out by the attending physician or other qualified person who has attended the deceased. It is to be signed by the attending physician or other qualified person who has attended the deceased. It is to be filed in the office of the registrar of deaths in the county where the death occurred. It is to be retained in the office of the registrar of deaths in the county where the death occurred for a period of ten years. It is to be made available to the public upon request. It is to be made available to the public upon request.

JUL 2 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ogle Stone Jr.*.....

Licensed Embalmer No. *41*.....

P. O. Address *Spring*.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**.
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.