

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24371

State File No. ....

FILED AUG 8 - 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5705 Registrar's No. 160

1. PLACE OF DEATH a. COUNTY <u>Livingston.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Livingston.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Ludlow, Mo.</u>	c. LENGTH OF STAY (in this place) <u>50 years.</u>	c. CITY OR TOWN <u>Ludlow</u>	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>		e. STREET ADDRESS (If rural, give location) <u>R.F.D. 1</u> <u>0590</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GERTRUDE</u> b. (Middle) <u>NO</u> c. (Last) <u>LINDSEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 31-1956</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>July 14 1863</u>	9. AGE (In years last birthday) <u>93</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>17</u>
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 <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) <u>ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>CHARLES W. McClinton.</u>	13b. MOTHER'S MAIDEN NAME <u>MARY BROWN.</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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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>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. F.P. Burry</u>	ADDRESS <u>Ludlow, Mo</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Cerebral Arteriosclerosis</u>		<u>many years</u>
	DUE TO (c) <u>Hardened Arteriosclerosis</u>		<u>many years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Myocarditis</u>			<u>many years</u>

19a. DATE OF OPERATION <u>_____</u>	19b. MAJOR FINDINGS OF OPERATION <u>_____</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>_____</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>_____</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>_____</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>_____</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>_____</u>
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22. I hereby certify that I attended the deceased from July 27, 1956, to July 31, 1956, that I last saw the deceased alive on July 27, 1956, and that death occurred at PCA, m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. Gledhill, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Boyard, Mo.</u>	23c. DATE SIGNED <u>8/1/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>AUG 3-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Montrose</u>	24d. LOCATION (City, town, or county) (State) <u>Ludlow Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-8-56</u>	REGISTRAR'S SIGNATURE <u>Elyde A. Bridget</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>DICKERSON FUNERAL HOME</u>	ADDRESS <u>Boyard, Mo.</u>
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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..... *R. M. Mearns, Jr.*

Licensed Embalmer No. *4469*

P. O. Address *Carroll*

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.