

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

26676

State File No.

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5501 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Washington</u>		c. CITY OR TOWN <u>Martinsville</u>	
c. LENGTH OF STAY (In this place) <u>11 yrs</u>		d. Is 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>5 mile North Martinsville</u>		e. STREET ADDRESS (If rural, give location) <u>5 Mile North of Martinsville</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Roger</u> b. (Middle) <u>Don</u> c. (Last) <u>Lindsey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 5 1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Feb. 18, 1945</u>
9. AGE (In years last birthday) <u>11</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>student</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bethany Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY <u>school</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
13a. FATHER'S NAME <u>Nathan D. Lindsey</u>	13b. MOTHER'S MAIDEN NAME <u>Geneva V. Snipes</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 <u>N. D. Lindsey</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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Strangulation by hanging self</u> INTERVAL BETWEEN ONSET AND DEATH <u>7</u>	
2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, of the bldg., etc.) <u>Home in barn</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Martinsville, Harrison Mo</u>	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-5-56 5:30 PM</u>
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>D. G. Reid County Health Officer</u>		23b. ADDRESS <u>Bethany Mo</u>	23c. DATE SIGNED <u>9-7-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-7-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kidwell Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Martinsville Missouri</u>
DATE REC'D BY LOCAL REG. <u>9/8/56</u>	REGISTRAR'S SIGNATURE <u>Zola Burris</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Noble Son New Hampton, Mo.</u>	

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 *W. H. Noble*

Licensed Embalmer No. *2904*

P. O. Address *New Hampton*

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.