

FILED SEP 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32919**

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 3076		Registrar's No. 182	
1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Vernon			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada		c. LENGTH OF STAY (in this place) 20 yrs.		c. CITY OR TOWN Nevada		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 402 S. Cedar				e. STREET ADDRESS (If rural, give location) 402 S. Cedar 108th			
3. NAME OF DECEASED (Type or Print) a. (First) Minnie b. (Middle) M. c. (Last) Lindsey			4. DATE OF DEATH (Month) (Day) (Year) Sept. 2 1956				
5. SEX F	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 5/5/23		9. AGE (In years last birthday) 33	IF UNDER 12 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Delphos, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Robert W. Smith			13b. MOTHER'S MAIDEN NAME Mary Hendershot		14. NAME OF HUSBAND OR WIFE Pearl Lindsey		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ray L. Jones, Sidney, Nebraska			
18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Partial intestinal obstruction					5 days
		ANTECEDENT CAUSES					
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) Arteriosclerotic heart disease with the anginal syndrome</p> <p>DUE TO (c) _____</p>					several years
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) H 200			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 October, 1953, to 9-2- , 1956, that I last saw the deceased alive on 9-2- , 1956, and that death occurred at 7 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) C. Braxton Davis, M.D.				23b. ADDRESS Nevada, Missouri		23c. DATE SIGNED 9-3-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9/3/56	24c. NAME OF CEMETERY OR CREMATORY Delphos Cemetery		24d. LOCATION (City, town, or county) (State) Delphos, Kansas		
DATE REC'D BY LOCAL REG. 9-15-1956		REGISTRAR'S SIGNATURE Anna J. Perry		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jerry Funeral Home, Nevada, Mo			

(Licensee Embalmer's Statement on Reverse Side)

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

0.300
0.4851
0

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.....*L. Hugh Jerry*

Licensed Embalmer No...*1969*

P. O. Address...*Nevada,*

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.