

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41412**

FILED DEC 9 - 1957

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY OR TOWN Sedalia	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 8 hrs.		e. STREET ADDRESS (If rural, give location) 1820 West Main	
3. NAME OF DECEASED a. (First) CECIL b. (Middle) DEWEY c. (Last) LINDSEY			4. DATE OF DEATH (Month) (Day) (Year) Nov. 25, 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, ^{WIDOWED} DIVORCED Divorced	8. DATE OF BIRTH Nov. 21, 1908
9. AGE (In years last birthday) 49		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY General labor	11. BIRTHPLACE (City and State or Foreign Country) Pettis County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME D.H. Lindsey	
13b. MOTHER'S MAIDEN NAME Annie Oliver		14. NAME OF HUSBAND OR WIFE Grace Schupp	
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. 499-10-1184	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Geo. Wheatley, 318 S. Engineer Sedalia, Missouri
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GASTROINTESTINAL HEMORRHAGE. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HEPATIC CIRRHOSIS DUE TO (c) (PROBABAL ALCOHOLISM) II. 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 5811	
20. AUTOPSY? 2 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)	
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?	
22. I hereby certify that I attended the deceased from MAY , 19 55 , to DEATH , 19 57 , that I last saw the deceased alive on Nov-24 1957 , and that death occurred at 2:00 m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Paul D. Jones MD		23b. ADDRESS Sedalia, Mo	23c. DATE SIGNED 25 NOV 57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/27/57	24c. NAME OF CEMETERY OR CREMATORY Union Cemetery	24d. LOCATION (City, town, or county) (State) Rural Pettis County, Mo.
DATE REC'D BY LOCAL REG. 11-27-57	REGISTRAR'S SIGNATURE Frances Shelby	25. FUNERAL DIRECTOR'S SIGNATURE Norman Burney	ADDRESS Sedalia, Mo.

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

541

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. E. Baker*.....

Licensed Embalmer No. *2419*.....

P. O. Address *Sedalia, Mo.*.....

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.