

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2341

FILED FEB 13 1958

STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 5957 Registrar's No. 21

Health, Welfare, Public Service, 21, 300, -56, All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Coroner, however, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Fike</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Fike</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fraireville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Eolia</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RFD Eolia</u>		Length of stay in lb <u>2 years</u>		d. STREET ADDRESS (If outside, give location) <u>RFD Eolia</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>CLEMENT</u> Middle <u>EDWARD</u> Last <u>LINDSAY</u>				4. DATE OF DEATH <u>FEB. 3, 1958</u> Month Day Year			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 23, 1928</u>		9. AGE (In years last birthday) <u>29</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Lincoln Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13. FATHER'S NAME <u>John Thomas Lindsay</u>				14. MOTHER'S MAIDEN NAME <u>Eva Dora Walker</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>493-28-5893</u>		17. INFORMANT <u>Mrs. Clement Lindsay, RFD, Eolia, Mo.</u> 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) <u>Shot wound in chest</u>						INTERVAL BETWEEN ONSET AND DEATH <u>22 HRS</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____		DUE TO (c) _____		9191	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>43</u>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>	
20a. ACCIDENT <input checked="" 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.) <u>Hunting accident, gun discharged striking subject in chest</u>						
20c. TIME OF INJURY Hour <u>10</u> Month <u>FEB</u> Day <u>2</u> Year <u>58</u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>FARM</u>		20f. CITY, TOWN, OR LOCATION <u>RFD Eolia</u>		20g. COUNTY <u>Fike</u> STATE <u>Mo</u>	
21. I attended the deceased from _____ to _____ and last saw him <u>Feb 3</u> Death occurred at <u>8:15 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>J. B. Mudd</u> (Degree or title) <u>Coroner</u>			22b. ADDRESS <u>Bowling Green Mo</u>		22c. DATE SIGNED <u>Feb. 3-58</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2/6/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Louisville Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Lincoln Co., Missouri</u>		
24. FUNERAL DIRECTOR <u>Sterne Funeral Home, Louisiana, Mo.</u> ADDRESS			DATE RECD. BY LOCAL REG. <u>Feb-4, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Bernice Callier</u>		

FEB 19 1958  
MAR 12 1958  
MAR 12 1958

**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 *Virginia M. Stearns*.....

Licensed Embalmer No. *464*

P. O. Address *Louisiana*

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.