

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022844
STATE FILE NUMBER

FILED JUN 18 1958

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 90

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1-57
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1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Louisiana</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Louisiana</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pike County Hosp.</u>		Length of stay in 1b <u>17 days</u>	d. STREET ADDRESS (If outside, give location) <u>882-1</u> ----- Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>NELLIE MAY LINDSEY</u>			4. DATE OF DEATH Month Day Year <u>June 4 1958</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb 20 1881</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) <u>Pike County, Mo.</u>
13a. FATHER'S NAME <u>Delloraine Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Harris</u>	14. NAME OF HUSBAND OR WIFE <u>Claude B Lindsey</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 Address <u>Tessie Carson, Bowling Green, Mo.</u>
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>Azotemia and uria - Following injury of 5/19/58</u> DUE TO (b) <u>Cardiac decompensation following injury of 5/19/58</u> DUE TO (c) <u>Abdominal ileus following injury of 5/19/58</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>9040</u> <u>21</u>			INTERVAL BETWEEN ONSET AND DEATH -----
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>patient fell in home- and received left transverse and descending pubic bones fracture.</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <u>5/19/58</u>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION <u>Bowling Green</u>	COUNTY STATE <u>Pike Missouri</u>
21. I attended the deceased from <u>5/19/58</u> , to <u>6/4/58</u> and last saw her ^{him} alive on <u>6/4/58</u> Death occurred at <u>11:55</u> A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Chas H. Luedtke</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>Louisiana, Missouri</u>	22c. DATE SIGNED <u>6/5/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>June 6, 58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Bowling Green Mo.</u>
24. FUNERAL DIRECTOR <u>J.O. Mudd</u> ADDRESS <u>Bowling Green, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6-18-58</u>	26. REGISTRAR'S SIGNATURE <u>Bernice Collier</u>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

8561 8 8 NAF
JUN 8 8 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 James O. Mudd _____
Licensed Embalmer No. 4152

P. O. Address Bawling Green

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.