

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001662

STATE FILE NUMBER

FILED FEB 9 1959

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Prairie Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Kansas City 3688 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson Co. Hospital		Length of stay in lb 6 yrs.	d. STREET ADDRESS (If outside, give location) 3917 Windsor Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Vera Middle Lindsay Last Lindsay			4. DATE OF DEATH Month Jan. Day 26 Year 1959		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 1, 1888		9. AGE (In years last birthday) 70 yrs.	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Y. M. C. A. Office	11. BIRTHPLACE (City and state or country) Clyde Kansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME William Lindsay		13b. MOTHER'S MAIDEN NAME Elizabeth Hair		14. NAME OF HUSBAND OR WIFE	
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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. 513-28-4916	17. INFORMANT Robert Hair Address Liberty Mo.		
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio-Sclerotic Heart disease DUE TO (b) Generalized Arterio-Sclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

20a. ACCIDENT <input 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.)		
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20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____					
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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.)	20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
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21. I attended the deceased from Jan. 19, 1959 to Jan. 26, 1959 and last saw her alive on Jan. 25, 1959 Death occurred 11:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
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22a. SIGNATURE (Degree or title) Phyllis Saper M. O.		22b. ADDRESS Lee's Summit Mo		22c. DATE SIGNED 1-27-59	
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/29/59	23c. NAME OF CEMETERY OR CREMATORY Forest Hill		23d. LOCATION (City, town, or county) (State) Kansas City Mo.	
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24. FUNERAL DIRECTOR Stine & McClure		ADDRESS K. C. Mo.	25. DATE RECD. BY LOCAL REG. 1-27-59	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Elmer D. Furst*

Licensed Embalmer No. *4817*

P. O. Address *Kansas City, 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.