

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009518

STATE FILE NUMBER

1384

FILED APR 2 1959

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

300
1-57

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION WHEATLEY		Length of stay in lb 50 yrs	d. STREET ADDRESS (If outside, give location) 2506 E. 24th St.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WILLIAM Middle GREEN Last LINDSEY			4. DATE OF DEATH Month Day Year March 12, 1959		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 1, 1990	9. AGE (In years, last birthday) 68	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beef Cooler		10b. KIND OF BUSINESS OR INDUSTRY Swift & Co.	11. BIRTHPLACE (City and state or country) Minnneapolis, Kansas		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Jeff Lindsey		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Estella Lindsey	
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. 510-07-1861	17. INFORMANT Address Rosina Lewis Crump 2506 E. 24th St. Day		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Auricular Fibrillation</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Hypertensive Heart Disease 4 yrs</i> DUE TO (c) <i>Generalized Arteriosclerosis 4 yrs</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 1 wk 44.5
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.) —			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —			
20e. CITY, TOWN, OR LOCATION —		COUNTY —		STATE —	
21. I attended the deceased from Death occurred at <i>Aug 1954</i> and last saw him <i>Mar 12 - 59</i> alive on <i>3-12-59</i> m on the date stated above; and to the best of my knowledge from the causes stated.		22a. SIGNATURE <i>J. S. Wells</i> (Deceased or title)		22b. ADDRESS <i>3122 E 15th Ave</i>	
22c. DATE SIGNED <i>3-19-59</i>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>3-16-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Lincoln</i>		23d. LOCATION (City, town, or county) (State) <i>Kans. City, Missouri</i>
24. FUNERAL DIRECTOR <i>Watkins Bros. Funeral Home 18th & Benton</i>		ADDRESS		25. DATE RECD. BY LOCAL REG. <i>3-16-59</i>	26. REGISTRAR'S SIGNATURE <i>Neval Marshall</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

J. S. Wells

STATEMENT BY LICENSED EMBALMER

X 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 *Debra R. Watkins*

Licensed Embalmer No. *4500*

P. O. Address *18th & Benton*

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.