

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-020994

FILED JUL 14 1959 128

Primary Registration District No. 2000 Registrar's No. 730

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Breene</i>		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Breene</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Springfield</i>		c. CITY OR TOWN <i>Walnut Grove</i>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Hudley Hospital</i>		d. STREET ADDRESS (If outside, give location) <i>Rt 2 Walnut Grove 98 mi East</i>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>IVAN</i> Middle <i>ROBERT</i> Last <i>LINDSEY</i>			4. DATE OF DEATH Month <i>July</i> Day <i>1</i> Year <i>1959</i>			
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>July 10 1881</i>	9. AGE (last birthday) <i>77</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Farm</i>	11. BIRTHPLACE (City and state or country) <i>Willard - Mo.</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
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13a. FATHER'S NAME <i>George Lindsey</i>	13b. MOTHER'S MAIDEN NAME <i>Eveline Lindsey</i>	14. NAME OF HUSBAND OR WIFE <i>Maggie Lindsey</i>
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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) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT Address <i>Maggie Lindsey Rt 2 Walnut Grove Mo</i>
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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) <i>Carcinoma (Metastatic)</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Primary lesion</i>	
	DUE TO (c) <i>Bractate Island</i>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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 <i>3:00 p.m.</i> Month, Day, Year <i>April 17 1959</i>	20d. INJURY OCCURRED WHILE AT WORK <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 <i>April 17 1959</i> to <i>July 1 1959</i> and last saw her alive on <i>July 1 1959</i> Death occurred at <i>3:00 p.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>W. D. Schell M.D.</i> (Degree or title)	22b. ADDRESS <i>Springfield, Mo</i>	22c. DATE SIGNED <i>7-3-59</i>
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>July 3-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Rose Hill Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Willard - Missouri</i>
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24. FUNERAL DIRECTOR <i>Brian - Daniel - Walnut Grove - Mo.</i> ADDRESS	25. DATE RECD. OF LOCAL REG. <i>7-6-59</i>	26. REGISTRAR'S SIGNATURE <i>Effie S. Melton</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 17 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ray G. Ireland

Licensed Embalmer No. 5052

P. O. Address Walnut Grove

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.