

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-022440  
STATE FILE NUMBER

FILED JUL 3 1959 Registration District No. 280 Primary Registration District No. Registrar's No. 39

S. 300  
v. 1-57

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

1. PLACE OF DEATH a. COUNTY <u>Platte</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Man</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Parkville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF DECEASED (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R.R. # 4 Parkville</u>		Length of stay in lb <u>Yrs</u>	d. STREET ADDRESS (If outside, give location) <u>R.R. # 4</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>THOMAS</u> Middle <u>F.</u> Last <u>LINDSAY</u>			4. DATE OF DEATH Month <u>June</u> Day <u>22</u> Year <u>1959</u>		
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>March 20 1892</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months Days Hours Min.
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>Barry, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George D. Lindsay</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Conway</u>		14. NAME OF HUSBAND OR WIFE <u>Martha Lindsay</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>497-40-0735</u>	17. INFORMANT Address <u>Martha Lindsay R.R. # 4 Parkville, 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>Suffocation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Pressure on chest of overturned 4 min farm tractor</u> DUE TO (c) <u>9121</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 min</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>3</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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>Tractor turned over on patient crushing chest.</u>		
20c. TIME OF INJURY Hour <u>9:21</u> Month, Day, Year			703		
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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>Farm Home</u>		20f. CITY, TOWN, OR LOCATION <u>Ry Parkville, Platte</u> COUNTY STATE	
21. I attended the deceased from <u>None</u> to <u>None</u> and last saw him alive on <u>None</u> Death occurred at <u>5 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>H. J. Sherman M.D.</u>			22b. ADDRESS <u>11512 Parkville, Mo</u>		22c. DATE SIGNED <u>6-23-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>6-25-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>White Chapel Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>R.C. 16 Missouri</u>
24. FUNERAL DIRECTOR <u>Church-Preber Co. Liberty, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6.24.1959</u>		26. REGISTRAR'S SIGNATURE <u>B. Phia. Rollins.</u>	



**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 *Harold G. Smith* .....

Licensed Embalmer No. *4575* .....

P. O. Address *Liberty, 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.