

**DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
**FILED VS SEP 4 1959**

**59-029164**  
 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4106

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>2 Days</b>	c. CITY OR TOWN <b>Nevada</b>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Research Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>603 S. Spring</b>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Marquis</b> Middle <b>L.</b> Last <b>Lindsey</b>			4. DATE OF DEATH Month <b>August</b> Day <b>22</b> Year <b>1959</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-31-1987</b>	9. AGE (last birthday) <b>72</b>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Lumberman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Lumber</b>	11. BIRTHPLACE (City and state or country) <b>Frankfort, Kansas</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Marquis L. Lindsey</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Tennyson</b>		14. NAME OF HUSBAND OR WIFE <b>Etta Lindsey</b>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>511-07-4148A</b>	17. INFORMANT <b>Etta Lindsey, Nevada, Missouri</b>	Address
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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:		INTERVAL BETWEEN ONSET AND DEATH <b>9 days</b>
IMMEDIATE CAUSE (a)	<b>Gas Gangrene following</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	<b>Wasp sting on finger &amp; arm</b>	
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

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) <b>Wasp or Hornet Sting</b>
20c. TIME OF INJURY Hour <b>8-13-59</b> a.m. p.m.		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	20f. CITY, TOWN, OR LOCATION <b>Nevada, Nevada, Mo.</b>	COUNTY	STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at <b>about 5 a.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <b>L. D. Steffen, M.D.</b> (Degree or title)		22b. ADDRESS <b>1103 Grand Ave. Kansas City, Mo.</b>		22c. DATE SIGNED <b>8-24-59</b>
23a. BURIAL, CREATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>8-22-1959c</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Barnsdall, Oklahoma</b>	23d. LOCATION (City, town, or county) (State) <b>Barnsdall, Oklahoma</b>	
24. FUNERAL DIRECTOR <b>Shorten Funeral Home, Nevada, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>8-24-59</b>	26. REGISTRAR'S SIGNATURE <b>neva minshall</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Steffen

W. 13 752  
1110 Bryant Bldg.

Nov 2

**STATEMENT BY LICENSED EMBALMER**

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William M. Jew

Licensed Embalmer No. 464  
P.O. Address \_\_\_\_\_ City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.