

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039491

FILED VS NOV 17 1959

STATE FILE NUMBER

Registration District No. 096 Primary Registration District No. _____ Registrar's No. 62

UNDECEASED

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Arbana</u>		Length of stay in 1b <u>30 minutes</u>	c. CITY OR TOWN <u>Preston</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bailey Clinic</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1 1/2 mi. n. w. of Preston</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>HULETT BURR LINDSEY</u>			4. DATE OF DEATH Month Day Year <u>Oct. 20 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>June 11, 1896</u>	9. AGE (last birthday) <u>63 yrs</u>	IF UNDER 1 YEAR Months Days Hours Min. <u>4 19</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>	11. BIRTHPLACE (City and state or country) <u>Preston mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	

13a. FATHER'S NAME <u>Theodore Lindsey</u>		13b. MOTHER'S MAIDEN NAME <u>Adeline Hartnett</u>		14. NAME OF HUSBAND OR WIFE <u>Ira Lindsey</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>500-05-1691</u>		17. INFORMANT <u>Ira Lindsey Preston, 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>Cornary embolism</u>			INTERVAL BETWEEN ONSET AND DEATH <u>30 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Unknown</u>			
DUE TO (c) <u>-</u>			

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 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.)	
20c. TIME OF INJURY Hour Month, Day, Year : a.m. : p.m.			

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 <u>Dec 30 - 57 to rec 30 - 57</u>	COUNTY	STATE
21. I attended the deceased from <u>Dec 30 - 57 to rec 30 - 57</u> and last saw ^{her} him <u>slive</u> on <u>Dec 30 - 57</u> Death occurred at <u>8:15 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <u>C O Bailey M.D.</u>		22b. ADDRESS <u>Arbana, Mo</u>		22c. DATE SIGNED <u>Nov 7 - 59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov 1, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fisher</u>		23d. LOCATION (City, town, or county) <u>Preston, mo.</u>

24. FUNERAL DIRECTOR <u>L. B. Jones</u>	ADDRESS <u>Buffalo, mo.</u>	25. DATE RECD. BY LOCAL REG. <u>11/16/59</u>	26. REGISTRAR'S SIGNATURE <u>Mrs Vera Steen</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 22 1960

AUG 7 1961

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 me, Student Embalmer No. V
working under my personal supervision.

Student V
Signature of Student Embalmer

Signed R. E. Cheatham

Licensed Embalmer No. 3813

P. O. Address Buffalo

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.