MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS FEB 24 1960

-60-009536
STATE FILE NUMBER

Registration District No. 340 Primary Registration District No. 6152 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY: Stoddard
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Dexter (Liberty Twp)
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Dexter Cemetery Road
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri COUNTY: Stoddard
c. CITY OR TOWN: Dexter
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 429 Thrower Street
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Thelmer Middle: Last: Lindsay
4. DATE OF DEATH: Month: Feb. Day: 7, Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-3-1915
9. AGE (last birthday): 45
IF UNDER 1 YEAR: Months: 0 Days: 4
IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Campbell, Missouri
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Frank Lindsay
13b. MOTHER'S MAIDEN NAME: Izora Loafman
14. NAME OF HUSBAND OR WIFE: Thelma Lindsay
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 496-12-9601
17. INFORMANT: Address: Mrs. Thelma Lindsay, Dexter, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Self-inflicted gunshot wound in heart
INTERVAL BETWEEN ONSET AND DEATH: sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
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. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour: 11:00 A.m. Month, Day, Year: Feb. 7, 1960.
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Cemetery Road
20f. CITY, TOWN, OR LOCATION: Dexter, Liberty Twp. COUNTY: Stoddard, Mo. STATE:
21. I attended the deceased from ---, to --- and last saw her/him alive on ---
Death occurred at 11:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Marsh Watkins (Degree or title): Coroner
22b. ADDRESS: Dexter, Missouri
22c. DATE SIGNED: 2-9-60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-9-60
23c. NAME OF CEMETERY OR CREMATORY: Dexter
23d. LOCATION (City, town, or county) (State): Dexter, Missouri
24. FUNERAL DIRECTOR: Strickland-Rainey ADDRESS: Dexter, Mo.
25. DATE RECD. BY LOCAL REG.: 2-17-60
26. REGISTRAR'S SIGNATURE: Velma V Jenkins

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

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_____ Signed Lucille Rainey

Signature of Student Embalmer

Licensed Embalmer No. 498

P. O. Address Dexter, I

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