

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012104

FILED VS

APR 15 1960

280

Primary Registration District No. 4423

Registrar's No. 267

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived - If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Weston</u>		Length of stay in 1b <u>81.</u>	c. CITY OR TOWN <u>Weston</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>at home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>-</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Jessie</u> Middle <u>Price</u> Last <u>Lindsey</u>			4. DATE OF DEATH Month <u>Mar</u> Day <u>30</u> Year <u>1960</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 31, 1878</u>	9. AGE (last birthday) <u>81.</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer - Marshall</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Spin & Marshall</u>		11. BIRTHPLACE (City and state or country) <u>Weston Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>Mo.</u>
13a. FATHER'S NAME <u>Walter Thomas Lindsey</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Stephens</u>		14. NAME OF HUSBAND OR WIFE <u>Nannie B. Hower</u> <i>deceased</i>	

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>496-10-1586</u>	17. INFORMANT <u>Elmer Lindsey</u>	Address <u>Weston Mo.</u>
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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
IMMEDIATE CAUSE (a) <u>Acute Respiratory Failure</u>		<u>23 yrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Chronic myocaraitis with edema</u>	<u>2 yrs.</u>
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Epithelioma of face (cured) Gangrene toes left foot.</u>	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.) <u>XXXXXXXXXXXX</u>
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20c. TIME OF INJURY Hour <u>XXXXX</u> Month, Day, Year <u>XXXXX</u> a.m. <u>XXXXX</u>

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.) <u>XXXXXXXXXX</u>	20f. CITY, TOWN, OR LOCATION <u>Weston Platte County Mo.</u>	COUNTY	STATE
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21. I attended the deceased from Jan. 2, 1960 to Mar. 30, 60 and last saw ^{him} alive on March, 30, 60
Death occurred at 11,55 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Levi's B. Balvert M.D.</u> (Degree or title)	22b. ADDRESS <u>Weston Missouri</u>	22c. DATE SIGNED <u>4/1/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>april 2-60</u>	23b. DATE	23c. NAME OF CEMETERY OR CREMATOR <u>Pleasant Ridge</u>	23d. LOCATION (City, town, or county) <u>Weston Mo.</u>	(State)
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24. FUNERAL DIRECTOR <u>Vaughn Funeral Home - Weston</u>	ADDRESS	25. DATE REC'D. BY LOCAL REG. <u>April 2, 1960</u>	26. REGISTRAR'S SIGNATURE <u>U. phia Rollins</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

