

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037526

STATE FILE NUMBER

AMENDED

Registration District No. 126 Primary Registration District No. 3033 Registrar's No. 186

FILED NOV 7 1961

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Laclede</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lebanon</u>		Length of stay in 1b <u>30 yrs.</u>		c. CITY OR TOWN <u>Lebanon</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>Louise G. Wallace</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>465 Hayes Street</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Durward</u> Middle <u>Charles</u> Last <u>Lindsay</u>				4. DATE OF DEATH Month <u>Oct.</u> Day <u>28,</u> Year <u>1961</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>7-8-09</u>		9. AGE (last birthday) <u>52 yrs.</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HR Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>clerk</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farmers Exchange</u>		11. BIRTHPLACE (City and state or country) <u>Laclede Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Charles Lindsay</u>				13b. MOTHER'S MAIDEN NAME <u>Sarah Snow</u>				14. NAME OF HUSBAND OR WIFE <u>Grace 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 none</u>						17. INFORMANT Address <u>465 Hayes St.</u> <u>Mrs. Grace Lindsay, Lebanon, 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>Intra Cranial hemorrhage</u>										INTERVAL BETWEEN ONSET AND DEATH <u>9 hrs.</u>			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
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 _____ a.m. _____ p.m. _____		Month, Day, Year											
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		COUNTY		STATE					
		<u>Oct 28, 1961</u>		<u>Oct 28, 1961</u>		<u>Oct 28, 1961</u>							
21. I attended the deceased from <u>Oct 28, 1961</u> to <u>Oct 28, 1961</u> and last saw him alive on <u>Oct 28, 1961</u> Death occurred at <u>10:30P</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>J.H. Johnson</u> (Degree or title) <u>MD</u>						22b. ADDRESS <u>Lebanon Mo</u>			22c. DATE SIGNED <u>10-30-61</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>10-31-1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Rose Memorial Park</u>		23d. LOCATION (City, town, or county) (State) <u>Lebanon, Laclede Co., Mo.</u>							
24. FUNERAL DIRECTOR <u>J.F. Shadel</u> ADDRESS, <u>Lebanon, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>10-31-1961</u>		26. REGISTRAR'S SIGNATURE <u>Hella S. Blay</u>							

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 22 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 _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Brie M. Hobbs

Licensed Embalmer No. 5115

P. O. Address Springfield

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.