MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-017836
STATE FILE NUMBER

Registration District No. 378 Primary Registration District No. 4552 Registrar's No. 23

FILED MAY 7 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1	1141
2	1141
3	
4	0
5	1
6	
7	1
8	0
9	241X
10	
11	
12	90-0
13	2-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Wright
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Mountain Grove — Length of stay in 1b: 34 Years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 221 East 4th Street — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Wright
c. CITY OR TOWN: Mountain Grove — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 221 East 4th Street — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First CALLIE Middle M. Last LINDSAY

4. DATE OF DEATH: Month April Day 20 Year 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4/3/1888
9. AGE (last birthday): 74 Years — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Peace Officer - Merchant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Cold Creek, Tennessee
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Joseph C.Lindsay
13b. MOTHER'S MAIDEN NAME: Margaret Duncan
14. NAME OF HUSBAND OR WIFE: Bonnie Willoughby Lindsay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Bonnie Lindsay - Mtn.Grove, Missouri — Address

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): Coronary Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: Not Known
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Asthma Bronchial — Not Known
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 a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from Lebanon 1958, to April 20 1962 and last saw ~~her~~ him alive on April 18 1962
Death occurred at 5:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): S W Connor MD
22b. ADDRESS: Mtn Grove Mo.
22c. DATE SIGNED: 5-2-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4/22/1962
23c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
23d. LOCATION (City, town, or county) (State): Mountain Grove, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Barber Funeral Home - Mtn.Grove, Mo
25. DATE RECD. BY LOCAL REG.: 5-1-1962
26. REGISTRAR'S SIGNATURE: Bernice L. Silverman

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed George Stapp

Signature of Student Embalmer

Licensed Embalmer No. 3161

P. O. Address Mt Ephraim, Mo

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.