

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-037486

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 339

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0017
2 0610
3
4 0
5 2
6
7 0
8 2
9 4201
10
11
12 1-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

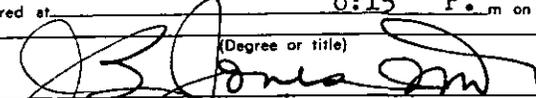
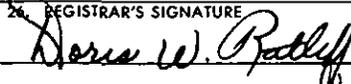
SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH FILLED NOV 5 1962		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Adair		a. STATE Missouri b. COUNTY Mac on	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Length of stay in 1b 2 Hours	c. CITY OR TOWN La Plata Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Grim-Smith Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED First ORLA Middle FRANKLIN Last LINDLEY			4. DATE OF DEATH October 23, 1962
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/6/78
9. AGE (last birthday) 84		IF UNDER 1 YEAR Months 1 Day 17 Hours -- Min. --	IF UNDER 24 HR Hours -- Min. --
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Business Man		10b. KIND OF BUSINESS OR INDUSTRY Produce House	11. BIRTHPLACE (City and state or country) Callaon Mo.
12. CITIZEN OF WHAT COUNTRY USA		13. FATHER'S NAME J.W. Lindley	
13b. MOTHER'S MAIDEN NAME Rebecca Varnes		14. NAME OF HUSBAND OR WIFE Emma Bricker Lindley	
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. Avis Lindley, StJoseph Mo.		Address	
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) Acute coronary thrombosis			1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary heart disease			1 month
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)			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 checked="" 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
21. I attended the deceased from 10-23-62 to 10-23-62 and last saw her him alive on 10-23-62		Death occurred at 8:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE 	(Degree or title)	22b. ADDRESS Kirksville, Missouri	22c. DATE SIGNED 10/23/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/26/62	23c. NAME OF CEMETERY OR CREMATORY La Plata Cemetery	23d. LOCATION (City, town, or county) (State) La Plata, Mo.
24. FUNERAL DIRECTOR Wilson Funeral Home, La Plata, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 11-1-1962	26. REGISTRAR'S SIGNATURE 

Permit issued Oct. 23, 1962

J. B. Jones, M.D.

DEC 13 1962

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 Kenneth M. Wilson

Licensed Embalmer No. 4701

P. O. Address La Plata 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.