

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-039183

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 193  
**FILED NOV 1 1962**

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

|  |   |  |   |
|--|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jasper</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>                    |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Carthage</u>   |   | c. CITY OR TOWN <u>Carthage</u><br>Length of stay in lb. <u>6 years</u><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION<br><u>McCune-Brooks Hospital</u>   |   | d. STREET ADDRESS (If outside, give location)<br><u>710 E. Vine</u><br>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>    |   |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Sola</u> Middle <u>Ardelta</u> Last <u>Lindsey</u>   |   | 4. DATE OF DEATH<br>Month <u>Oct.</u> Day <u>16,</u> Year <u>1962</u>  |   |
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>  | 8. DATE OF BIRTH<br><u>2-14-1884</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY  | 9. AGE (last birthday)<br><u>78</u><br>IF UNDER 1 YEAR: Months <u>  </u> Days <u>  </u><br>IF UNDER 24 HR: Hours <u>  </u> Min. <u>  </u>                                       |
| 11. BIRTHPLACE (City and state or country)<br><u>Ozark County, Mo.</u>   |   | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>  |   |
| 13a. FATHER'S NAME<br><u>William Pool</u>  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Nancy Pool</u>   |   |
| 14. NAME OF HUSBAND OR WIFE<br><u>Oscar A. Lindsey</u>   |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown)   (If yes, give war or dates of service)<br><u>no</u>  |   |
| 16. SOCIAL SECURITY NO.<br><u>none</u>   |   | 17. INFORMANT<br><u>Oscar A. Lindsey 710 East Vine Carthage, Mo.</u>   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Acute Coronary Occlusion</u><br>DUE TO (b) <u>Arteriosclerotic HeartDisease</u><br>DUE TO (c) <u>  </u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>30 minutes</u><br><u>Years</u>   |
| 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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <u>  </u> a.m. <u>  </u> p.m. <u>  </u> Month, Day, Year <u>  </u>   |   |  |   |
| 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<br>COUNTY <u>  </u> STATE <u>  </u>  |
| 21. I attended the deceased from <u>April 13, 1957</u> to <u>Oct. 16, 1962</u> and last saw her alive on <u>Oct. 16, 1962</u><br>Death occurred at <u>8:55 p.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.   |   |  |   |
| 22a. SIGNATURE<br><u>Richard R. Coyle, M.D.</u> (degree & title)   |   | 22b. ADDRESS<br><u>116 W. 3rd, Carthage, Missouri</u>  |   |
| 22c. DATE SIGNED<br><u>10-18-62</u>  |   | 23. LOCATION (City, town, or county) (State)<br><u>Willard, Missouri</u>   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>10-19-1962</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Rose Hill Cemetery</u>  | 23d. LOCATION (City, town, or county) (State)<br><u>Willard, Missouri</u>   |
| 24. FUNERAL DIRECTOR<br><u>Paul L. Daniel</u> ADDRESS <u>Cash Grove, Mo.</u>   |   | 25. DATE RECD. BY LOCAL REG.<br><u>10-19-62</u>  | 26. REGISTRAR'S SIGNATURE<br><u>W. H. Heston</u>  |
| 24. FUNERAL DIRECTOR<br><u>Brim-Daniel Funeral Service, Inc. Mo.</u>   |   | 26. REGISTRAR'S SIGNATURE<br><u>W. H. Heston</u>   |   |

USE BLACK INK OR TYPEWRITER RIBBON

**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 Loyle L. Dancet

Licensed Embalmer No. 4702

P. O. Address Ash Grove, Missouri

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.