

REC'D MAR 15 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6634
Do not use this space.

1. PLACE OF DEATH
(a) County Henny Registration District No. 347
(b) Township Clinton mo Primary Registration District No. 3018 Registered No. _____
(c) City _____ (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Irene Lindley
(a) Residence, No. west gravel St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25 1860
7. AGE YEARS 78 MONTHS 5 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17 1939
22. I HEREBY CERTIFY That I attended deceased from Several years 19____ to July 17 1939
I last saw him alive on July 10 1939 Death is said to have occurred on the date stated above, at 12:15 a.m.
The principal cause of death and related causes of importance were as follows:

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Homework
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Coronary occlusion Date of onset 7/7/39
GHP

12. BIRTHPLACE (CITY OR TOWN) New Albany (STATE OR COUNTRY) _____

Other contributory causes of importance:
Hypertension

FATHER
13. NAME James F Lindley

Name of operation none Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

MOTHER
14. BIRTHPLACE (CITY OR TOWN) Ind (STATE OR COUNTRY) _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury _____, 19____
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

15. MAIDEN NAME Mary M Meekins

Manner of injury
Nature of injury

16. BIRTHPLACE (CITY OR TOWN) Ind (STATE OR COUNTRY) _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____ (Signed) S W Molyneux, M. D.
(Address) Columbus, Mo

17. INFORMANT Will Shocketford (ADDRESS) Kansas city mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 7/19 1939

19. FUNERAL DIRECTOR (NAME) Consolnet Reyc (ADDRESS) Clinton mo

20. FILED 2-27 1939 Dr J R Hampton Local Registrar

Waltson or Seelan (Licensed Embalmer's Statement on Reverse Side)

Exact statement of OCCUPATION is very important. AGE should be properly classified. CAUSE OF DEATH in plain terms, so that it may be carefully supplied. Every item of information should be stated EXACTLY. PHYSICIANS should state

RECEIVED

District Health Officer No. 7

District File Number 7-39-33

Date Filed 3-3-39

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed M. W. Snow

Licensed Embalmer No. 4034

P. O. Address Clinton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.