

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>41</u>		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				
a. COUNTY <u>Henry</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Henry</u>				
b. CITY OR TOWN <u>Clinton</u>		c. LENGTH OF STAY (in this place) <u>48 yrs</u>		c. CITY OR TOWN <u>Clinton</u>		<u>0422</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>301 St</u>				d. STREET ADDRESS (If rural, give location) <u>301 South 2nd St</u>				
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Margaret</u>			b. (Middle) <u>Waters</u>		
			c. (Last) <u>Lindsey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 15-1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>9-2-1870</u>		
9. AGE (In years last birthday) <u>83</u>		10a. USUAL OCCUPATION (Give kind of work done during most of week, even if retired) <u>Minister</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Rolla Mo</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>George Waters</u>		13b. MOTHER'S MAIDEN NAME <u>Lavania Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Arthur Lindsey</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Arthur N Lindsey</u>				
				ADDRESS <u>Clinton Mo</u>				
18. CAUSE OF DEATH								
Enter only one cause per line for (a), (b), and (c)								
MEDICAL CERTIFICATION								
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute myocarditis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>		
ANTECEDENT CAUSES								
* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.								
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						DUE TO (b) <u>Coronary heart disease</u>		
						DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS								
Conditions contributing to the death but not related to the disease or condition causing death.						<u>Extreme heat waves</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						
		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Clinton Mo</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from _____, 19 <u>54</u> , to <u>7-15</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7-15</u> , 19 <u>54</u> , and that death occurred at <u>1 A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>W. Walker M.D.</u>				23b. ADDRESS <u>Clinton Mo</u>		23c. DATE SIGNED <u>7-15-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>July 19-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Engelwood Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>		
DATE REC'D BY LOCAL REG. <u>July-19-54</u>		REGISTRAR'S SIGNATURE <u>Florence A. Baird</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard Schuman</u>		ADDRESS <u>Clinton Mo</u>		

JUL 25 1956

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 .....  
Student Embalmer

Signed Robert L. Dunne

Licensed Embalmer No. 4710

P. O. Address Clinton, Md

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 this body is not embalmed, fact should be so stated above.