

FILED AUG 29 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25915

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Henry</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). 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>30 yrs</u>	c. CITY OR TOWN <u>Clinton</u>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>301 So 2nd St</u>			e. STREET ADDRESS (If rural, give location) <u>301 So 2nd St</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Arthur</u> b. (Middle) <u>Neal</u> c. (Last) <u>Lindsey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 20-1955</u>		
5. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>7-13-1873</u>	9. AGE (In years last birthday) <u>82</u>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work during most of work life, even if retired) <u>Minister</u>	10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Marshall Lindsey</u>		13b. MOTHER'S MAIDEN NAME <u>Nanny Courtney</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret Lindsey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Arthur Lindsey</u> ADDRESS <u>Jefferson City</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Coloni</u> <u>operated at Mayo's Jan 1953</u> ANTECEDENT CAUSES _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>153X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>9 mo</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>Jan 1955</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Coloni</u>				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 <u>Jan</u> , 19 <u>45</u> , to <u>8-20</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>8-20</u> , 19 <u>55</u> , and that death occurred at <u>9 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>J. Walker, M.D.</u>		23b. ADDRESS <u>Clinton Mo</u>		23c. DATE SIGNED <u>8-22-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>8-23-55</u>	24c. NAME OF SEMETERY OR CREMATORY <u>Ingwood cem</u>	24d. LOCATION (City, town, or county) (State) <u>Henry Co Mo</u>		
DATE REC'D BY LOCAL REG <u>8-23-55</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	422	25. GENERAL DIRECTOR'S SIGNATURE <u>Edmund</u>	ADDRESS <u>Clinton Mo</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Robert J. Danner*.....

Licensed Embalmer No.....

P. O. Address *Clinton*.....

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.