

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19782**

FILED JUN 3 1957

BIRTH NO. _____ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074** Registrar's No. **88**

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| 1. PLACE OF DEATH a. COUNTY Scott | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Scott | |
| b. CITY OR TOWN Sikeston | c. LENGTH OF STAY (In this place) 1 Day | c. CITY OR TOWN Sikeston | d. Is 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 Mo. Delta Community Hospital | | e. STREET ADDRESS (If rural, give location) 535 N. Ranney Ave. 10030 | |

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|--|-------------------------------|---|----------------------------------|--|---|---|---|--|--|
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Alvin | | b. (Middle) Francis | | c. (Last) Lindsay | | 4. DATE OF DEATH (Month) 5 (Day) 9 (Year) 1957 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 2-3-1882 | | 9. AGE (In years last birthday) 75 | IF UNDER 1 YEAR Months 3 Days 6 | IF UNDER 24 HRS. Hours Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Illinois | | 12. CITIZEN OF WHAT COUNTRY? USA | | | |

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|---|--|---|--|--|--|
| 13a. FATHER'S NAME John Lindsay | | 13b. MOTHER'S MAIDEN NAME Record | | 14. NAME OF HUSBAND OR WIFE Halla Taylor | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Halla Lindsay, Sikeston, Mo. | |

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| 18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bile Peritonitis | | ANTECEDENT CAUSES | | 7 days. | |
| *This does not mean the mode of dying, such as heart failure, ashenia, 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) Acute Bacteremic Cholecystitis with Perforation | | 7 days. | |
| II. OTHER SIGNIFICANT CONDITIONS | | Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|--|--|--|--|--|--|
| 19a. DATE OF OPERATION 5/8/57 | | 19b. MAJOR FINDINGS OF OPERATION of 1 + 2. | | 20. AUTOPSY? 2 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) (Min.) | | 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 **5/8**, 19**57**, to **5/9**, 19**57**, that I last saw the deceased alive on **5/9**, 19**57**, and that death occurred at **1:15 P.M.**, from the causes and on the date stated above.

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|---|--|-----------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE Wilson J. Anquam M.D. (Degree or title) | | 23b. ADDRESS Sikeston, Mo. | | 23c. DATE SIGNED 5/10/57 | |
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|---|-------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE May 11, 1957 | 24c. NAME OF CEMETERY OR CREMATORY Sikeston City | 24d. LOCATION (City, town, or county) (State) Sikeston - Mo - Mo |
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| DATE REC'D BY LOCAL REG. 5-23-56 | REGISTRAR'S SIGNATURE Mrs. Ella Hunter | 25. FUNERAL DIRECTOR'S SIGNATURE Orville Taylor | ADDRESS Sikeston Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DATE RECEIVED MAY 27 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 557-109

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 Carl Nutkins

Licensed Embalmer No. 4964

P. O. Address Dexter, 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.