

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 117

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

972

1. PLACE OF DEATH a. COUNTY Saline			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall, Mo.		c. LENGTH OF STAY (In this place) All his Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		0972
d. FULL NAME OF HOSPITAL OR INSTITUTION 535 North English			d. STREET ADDRESS (If rural, give location) 535 North English		

3. NAME OF DECEASED (Type or Print) a. (First) Herbert b. (Middle) Walker c. (Last) Lindsey			4. DATE OF DEATH (Month) (Day) (Year) June 9 1950		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH July 15-1887	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 10	IF UNDER 1 YEAR Days 14	IF UNDER 1 YEAR Hours 	IF UNDER 1 YEAR Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Produce Work		10b. KIND OF BUSINESS OR INDUSTRY Chickens, Eggs, Etc.		11. BIRTHPLACE (State or foreign country) Shackelford, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Berry B. Lindsey		13b. MOTHER'S MAIDEN NAME Annie M. Ellis		14. NAME OF HUSBAND OR WIFE Floy B. Lindsey-Divorced			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 487-09-7448		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Warren Lindsey - Marshall, Missouri			
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis				INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				002X	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pernicious Anemia				15 yrs	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from **Feb. 1947** to **June 2, 1950**, that I last saw the deceased alive on **Jan 2, 1950** and that death occurred at **8 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE W. H. Gray, Jr. D.		(Degree or title)		23b. ADDRESS Marshall, Mo.		23c. DATE SIGNED 6/10/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/11/50	24c. NAME OF CEMETERY OR CREMATORY Ridge Park Cem		24d. LOCATION (City, town, or county) (State) Marshall, Mo.		
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DATE REC'D BY LOCAL REG. June 10-1950		REGISTRAR'S SIGNATURE Lidney J. Gray		535 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Leelin Surrency - Marshall, Mo.			
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RECEIVED JUN 12
District Health Officer No. 8.

District File Number.....

Date Filed 7-5-50

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed J. Leali Summary
Licensed Embalmer No 3235

P. O. Address Marshall, Va

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.