

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043869

STATE FILE NUMBER

FILED DEC 29 1958 Registration District No. 137 Primary Registration District No. 3623 Registrar's No. 975

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY HENRY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		c. CITY OR TOWN Clinton	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 305 East OHIO St.		d. STREET ADDRESS (If outside, give location) 305 East Ohio	
3. NAME OF DECEASED (Type or print) First Middle Last CYRUS EDWARD LINDSEY		4. DATE OF DEATH Month Day Year Dec, 20 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept, 1 1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Depot Agent		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Columbus Ohio
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Deliah E. LINDSEY
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. NONE	17. INFORMANT Address Mrs C. E. LINDSEY 305 E. Ohio Clinton
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EDEMA DUE TO (b) Vasculan Collapse DUE TO (c) Coronary Occlusion PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Atherosclerosis, generalized			INTERVAL BETWEEN ONSET AND DEATH HRS HRS 7
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 12-19-1958 to 12-20-58 and last saw him alive on 12-20-58 Death occurred at 12:20 AM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Arturo Gonzalez Do		22b. ADDRESS 717 E Jefferson Clinton	22c. DATE SIGNED 12-22-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-22-58.	23c. NAME OF CEMETERY OR CREMATORY Grant Cemetary	23d. LOCATION (City, town, or county) (State) Creighton MO.
24. FUNERAL DIRECTOR ADDRESS Sickman & Dunning Clinton, Mo.		25. DATE RECD. BY LOCAL REG. 12-22-58	26. REGISTRAR'S SIGNATURE Mildred Bigum

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *R. J. Dunning*

Licensed Embalmer No. *4710*

P. O. Address *Clinton, 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.