

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-031647

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 137  
FILED AUG 23 1965

Primary Registration District No. 3023

Registrar's No. 193

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Clinton</b>		c. CITY OR TOWN <b>Clinton</b>	
Length of stay in 1b <b>15 yrs</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>502 N Washington</b>		d. STREET ADDRESS (If outside, give location) <b>502 N. Washington St</b>	
3. NAME OF DECEASED (Type or print) First <b>Mattie</b> Middle <b>Lindsey</b> Last <b>Lindsey</b>		4. DATE OF DEATH Month <b>August</b> Day <b>14</b> Year <b>1965</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>negro</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb 28, 1898</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maid</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <b>Clinton Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Perry Lindsey</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Kerr</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>491-36-8870</b>	
17. INFORMANT <b>Henry Lindsey</b>		Address <b>Clinton, Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Unknown Natural Cause</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Probable Myocardial Infarction</b> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <b>Immed.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 <b>8 A</b> Month, Day, Year <b>approx 8 A</b>			
20d. INJURY OCCURRED WHILE AT WORK <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 <b>Clinton</b>	
21. I attended the deceased from <b>unattended</b> to <b>approx 8 A</b> and last saw her alive on <b>approx 8 A</b> Death occurred at <b>approx 8 A</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Richard H. King M.D.</b> (Degree or title)		22b. ADDRESS <b>106 S. 3rd Clinton Mo</b>	
22c. DATE SIGNED <b>8-16-65</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Aug 17, 1965</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Antioch cemetery</b>	
23d. LOCATION (City, town, or county) <b>Clinton Missouri</b>			
24. FUNERAL DIRECTOR <b>Sickman-Dunning F H</b>		25. DATE RECD. BY LOCAL REG. <b>Aug 16, 1965</b>	
ADDRESS <b>Clinton, Mo</b>		26. REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

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 Stanley J. Sickman, Student Embalmer No. 750

working under my personal supervision.

Student

Stanley J. Sickman  
Signature of Student Embalmer

Signed

R. L. 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.