

5. No. 300
v. 10.48

FILED MAR 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42937

114

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

BIRTH NO.		REG. DIST. NO. 379		PRIMARY REG. DIST. NO. 6287		Registrar's No. 2					
1. PLACE OF DEATH a. COUNTY Wright				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Wright							
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural - Pleasant Valley)		c. LENGTH OF STAY (in this place) about 40		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Pleasant Valley							
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. No. 1, Macomb				d. STREET ADDRESS (If rural, give location) Rt. No. 1, Macomb							
3. NAME OF DECEASED (Type or Print) Theodocia			a. (First)		b. (Middle) (NMI)		c. (Last) Findley				
4. DATE OF DEATH Dec. 28, 1948		7. DATE OF BIRTH 7-25-1881		9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Min.			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		11. BIRTHPLACE (State or foreign country) Norwood, Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY			13a. FATHER'S NAME James Calhoun			13b. MOTHER'S MAIDEN NAME Lucinda Helms		
13c. NAME OF HUSBAND OR WIFE John J. Findley			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. none			17. INFORMANT'S SIGNATURE OR NAME O.O. Findley		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH 4.98 days		
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) Bronchial Pneumonia								
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) X DUE TO (c)								
19a. DATE OF OPERATION			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. As above + head -						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
			19b. MAJOR FINDINGS OF OPERATION								
21a. ACCIDENT SUICIDE HOMICIDE X (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)		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 Dec 28, 1948, to Dec 28, 1948, that I last saw the deceased alive on Dec 28, 1948, and that death occurred at 4:50 p.m., from the causes and on the date stated above.											
23a. SIGNATURE J. A. Findley M.D. (Degree or title)						23b. ADDRESS Mansfield, Mo.			23c. DATE SIGNED Jan 11-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-30-1948		24c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge		24d. LOCATION (City, town, or county) (State) Wright County Mo.					
DATE REC'D BY LOCAL REG. 1-31-49		REGISTRAR'S SIGNATURE [Signature]				25. FUNERAL DIRECTOR BOWLIN FUNERAL HOME NORWOOD, MISSOURI					

RECEIVED

District Health Officer No. 6,

District File Number 349-266

Date Filed 3-5-49

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, ~~XXXX~~

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Thomas A. Vaulder

Licensed Embalmer No. 4317

P. O. Address Norwood, 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 this body is not embalmed, fact should be so stated above.