S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19563

BIRTH NO. _____ REG. DIST. NO. 48 PRIMARY REG. DIST. NO. 5173A Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cedar City
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): N. Main St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Callaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cedar City A140
d. STREET ADDRESS (If rural, give location): N. Main St.

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): David
c. (Last): Findlay

4. DATE OF DEATH (Month) (Day) (Year): June 13, 1950

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant 0
8. DATE OF BIRTH: Nov. 28, 1946
9. AGE (In years last birthday): 3 — IF UNDER 1 YEAR: Months 6, Days 15 — IF UNDER 24 HRS.: Hours, Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (State or foreign country): Jefferson City, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Ralph L. Findlay
13b. MOTHER'S MAIDEN NAME: Eva Mae Bryan
14. NAME OF HUSBAND OR WIFE: Infant
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Ralph L. Findlay Cedar City, Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Tumor - (post-operative) - malignant. — INTERVAL BETWEEN ONSET AND DEATH: 2 1/2 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 193X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Brain tumor - malignant.
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4 April, 1950, *to* 13 may, 1950, *that I last saw the deceased alive on* 13 may, 1950, *and that death occurred at* 11:55 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John L. Dennott, M.D.
23b. ADDRESS: Jefferson City, Mo.
23c. DATE SIGNED: 6/15/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-16-50
24c. NAME OF CEMETERY OR CREMATORY: Riverview Cemetery
24d. LOCATION (City, town, or county) (State): Jefferson City Mo

DATE REC'D BY LOCAL REG.: June 17-1950
REGISTRAR'S SIGNATURE: R P Harris MD - MRO
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Victor Buesche Jefferson City Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUN 23 1958
District Health Officer No. 9,
District File Number

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.

Signed Victor Buescher

Signed .....
Student Embalmer

Licensed Embalmer No. 3701

P. O. Address Jefferson City 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.