

THE DIVISION OF HEALTH OF MISSOURI  
FILED JUN 20 1951 STANDARD CERTIFICATE OF DEATH

20816

State File No. ....

BIRTH NO. .... REG. DIST. NO. 230. PRIMARY REG. DIST. NO. 5810. Registrar's No. 39.

0760  
1

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

1. PLACE OF DEATH a. COUNTY <u>Montgomery.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Montgomery.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bluffton, Mo. Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bluffton, Mo. Rural</u>	
c. LENGTH OF STAY (In this place) <u>T.P. 65 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Loutre T.P.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>Finders,</u> c. (Last) <u>Finders,</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 11th 1951</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed,</u>	8. DATE OF BIRTH <u>June 19th 1864</u>	9. AGE (In years last birthday) <u>86</u> IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pub Work,</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Guther Center, Iowa.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Boston Finders,</u>	13b. MOTHER'S MAIDEN NAME <u>Leah Turner,</u>	14. NAME OF HUSBAND OR WIFE <u>Amenda Finders,</u>
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>R J Finders Bluffton Mo</u> ADDRESS	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic hydonephrosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prostatic hypertrophy</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>610X</u>	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 April 6, 1949, to June 11, 1951, that I last saw the deceased alive on June 9, 1951, and that death occurred at 6:35 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>H. G. John, M.D.</u> (Describe or title)	23b. ADDRESS <u>Hermann, Mo.</u>	23c. DATE SIGNED <u>6/12/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 13th 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Best Bottom</u>	24d. LOCATION (City, town, or county) (State) <u>Near Bluffton, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>June 12<sup>th</sup> 1951</u>	REGISTRAR'S SIGNATURE <u>Mrs Eunice Bush</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Patton</u> ADDRESS <u>Americus, Mo.</u>
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File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

JUN 16 1951

RECEIVED

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 .....  
Student Embalmer

Signed D B Baker

Licensed Embalmer No. 3375

P. O. Address Americus, 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.