

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12701

State File No. ....

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

0410

~~FILED~~ MAY 12 1952

BIRTH NO. ....		REG. DIST. NO. 133	PRIMARY REG. DIST. NO. 5490	Registrar's No. 56
1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: see "a" before admission). a. STATE Missouri b. COUNTY Harrison		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN White Oak (Rural)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural White Oak Twp		
c. LENGTH OF STAY (in this place) 43 yr		d. STREET ADDRESS (If rural, give location) 5 mile west of Bethany, Mo.		
d. FULL NAME OF HOSPITAL OR INSTITUTION No.				
3. NAME OF DECEASED (Type or Print) a. (First) Paul		b. (Middle) Sylvester		c. (Last) Findley
4. DATE OF DEATH 5-3-1952				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH 9-28-1908	9. AGE (In years last birthday) 43
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School teacher		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Gentry County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Wm Valentine Findley		13b. MOTHER'S MAIDEN NAME Sarah Wilson	14. NAME OF HUSBAND OR WIFE Onahlee Findley	
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. 491-30-8031	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Onahlee Findley New Hampton, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 15 min. 6 yrs 5 yrs
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min)	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 _____, 19____, to May 3, 1952, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:15 A.M., from the causes and on the date stated above.				
23a. SIGNATURE R. L. Green, D.O.		23b. ADDRESS New Hampton Mo		23c. DATE SIGNED 5-9-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-5-1952	24c. NAME OF CEMETERY OR CREMATORY Grandview	24d. LOCATION (City, town, or county) (State) Albany, Mo.	
DATE REC'D BY LOCAL REG. 5/10/52	REGISTRAR'S SIGNATURE Zola Brewer	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. B. Hoar Bethany Mo		

**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 \_\_\_\_\_

*M. S. Lass*

Licensed Embalmer No. 3899

P. O. Address Bethany 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.