

FILED FEB 10 1953

STANDARD CERTIFICATE OF DEATH

State File No. 2747

BIRTH NO.		REG. DIST. NO. 308		PRIMARY REG. DIST. NO. 4454		Registrar's No. 2	
1. PLACE OF DEATH a. COUNTY <i>Augusta, Mo.</i> <i>St. Charles</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>St. Charles</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Augusta, Mo.</i>		c. LENGTH OF STAY (in this place) <i>1 yr.</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Augusta, Mo. 0720</i>		d. STREET ADDRESS (If rural, give location) <i>0</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Home</i>							
3. NAME OF DECEASED (Type or Print) a. (First) <i>X BERNIE</i> b. (Middle) <i>R.</i> c. (Last) <i>FINDER</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Feb 5 1953</i>				
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Child</i>		8. DATE OF BIRTH <i>Mar. 16 - 1940</i>	
9. AGE (In years last birthday) <i>12</i>		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 1 YEAR Months Days		12. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Student</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>		11. BIRTHPLACE (State or foreign country) <i>Bluffton Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>A. B. Funder</i>		13b. MOTHER'S MAIDEN NAME <i>Fisher</i>		14. NAME OF HUSBAND OR WIFE <i>-</i>			
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. <i>-</i>		17. INFORMANT'S SIGNATURE OR NAME <i>A. Funder Augusta Mo</i>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiac Insufficiency</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Congenital Anomalous</i> DUE TO (c) <i>[Borns with defective Heart]</i> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <i>12 yrs.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>7544</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 <i>Jan 8, 1953</i> , to <i>Feb 5, 1953</i> , that I last saw the deceased alive on <i>Feb 5, 1953</i> ; and that death occurred at <i>8 P. m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>D. H. Payne D.O.</i>				23b. ADDRESS <i>Augusta Mo</i>		23c. DATE SIGNED <i>2/6/53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>2-7-52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Bethany Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Bluffton Mo</i>	
DATE REC'D BY LOCAL REG. <i>2-6-53</i>		REGISTRAR'S SIGNATURE <i>Ms Viola Fleschner</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Barton Baker</i>			
				ADDRESS <i>American Mo</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Olie Shelking

Signed.....

Student Embalmer

Licensed Embalmer No. *3759*

P. O. Address *Augusta 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.