

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20290

State File No.

No. 300
10-48

FILED MAY 28 1953

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1410

1. PLACE OF DEATH a. COUNTY ST. LOUIS			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY PIKE			
b. CITY OR TOWN RURAL - MIDLAND		c. LENGTH OF STAY (in this place) SIX WEEKS	c. CITY OR TOWN LOUISIANA		0821	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2315 ASHBY ROAD			d. STREET ADDRESS (If rural, give location) 421 NORTH FOURTH ST			
3. NAME OF DECEASED (Type or Print) MINNIE		a. (First) A.	b. (Middle) FINDLY	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) MAY 21, 1953	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JUNE 16, 1868	9. AGE (in years last birthday) 84	If under 1 year: Months 11 Days 5	If under 2 hrs: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOMEMAKER		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and State or Foreign Country) WATERTOWN, NEW YORK		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME JOHN D. WAIT		13b. MOTHER'S MAIDEN NAME JENNIE KAST		14. NAME OF HUSBAND OR WIFE WM. T. FINDLY (DECEASED)		
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 AND ADDRESS CLAUDE C. FINDLY 2315 ASHBY ROAD ST. LOUIS, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis 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.				INTERVAL BETWEEN ONSET AND DEATH
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)		4222	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April 12, 1953 , to May 21, 1953 , that I last saw the deceased alive on May 21, 1953 , and that death occurred at 1:08 P.M. , from the causes and on the date stated above.						
23a. SIGNATURE Henry C. Westerman			(Degree or title) M.D.	23b. ADDRESS 2136 East Grand Ave.		23c. DATE SIGNED 5-22-53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 23, 1953	24c. NAME OF CEMETERY OR CREMATORY RIVERVIEW CEMETERY		24d. LOCATION (City, town, or county) (State) LOUISIANA, MISSOURI		
DATE REC'D BY LOCAL REG. 5-22-53		REGISTRAR'S SIGNATURE Herbert R. ...		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Geo. M. Collins, Louisiana, Mo.		

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

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JUN 9 1953

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SB
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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 Geo. M. Collier

Licensed Embalmer No. 3839

P. O. Address Louisiana, 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.