

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

29949

State File No.

Registrar's No. **7592**

FILED AUG 31 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION 2224 WALNUT ST.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS d. STREET ADDRESS (If rural, give location) 2224 WALNUT	
3. NAME OF DECEASED (Type or Print) MR OSCAR J. FINDLEY a. (First) _____ b. (Middle) _____ c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) 7 31 53	
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 12-31-1899
9. AGE (In years last birthday) 53 If under 1 year: Months _____ Days _____ If under 2 hrs: Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) Holly Springs MISS!	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY _____	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME HOWARD FINDLEY	
13b. MOTHER'S MAIDEN NAME LOUISA JONES		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) YES WW1 & WW2		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Bernice Pierce		ADDRESS 1016 N. LEONARD	
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) Chronic Atherosclerosis Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. Pericarditis 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 _____	
20. AUTOPSY? YES <input checked="" 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) 416X	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:00A m., from the causes and on the date stated above.			
23a. SIGNATURE Patrick B. Taylor, M.D.		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 8.4.53		_____	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 8-6-53	
24c. NAME OF CEMETERY OR CREMATORY NATIONAL		24d. LOCATION (City, town, or county) (State) JEFFERSON BRAS. MO	
DATE REC'D BY LOCAL REG. AUG 4 1953		25. FUNERAL DIRECTOR'S SIGNATURE J. Carl Smith	
REGISTRAR'S SIGNATURE Bernice Pierce		ADDRESS 3103 Washington	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Alder

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.