

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **786**

FILED FEB 11 1954  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **109** PRIMARY REG. DIST. NO. **542K** Registrar's No. **7**

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Union Twp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Union Twp.</b>	
c. LENGTH OF STAY (in this place) <b>1 1/2 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>Rte. 3</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home Hte. 3</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 31, 1954</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b> b. (Middle) <b>HERMAN</b> c. (Last) <b>FINDER</b>		5. SEX <b>Male</b>	
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>School boy</b>	
8. DATE OF BIRTH <b>Dec. 7, 1939</b>		9. AGE (in years last birthday) <b>14</b> IF UNDER 1 YEAR: Months <b>1</b> Days <b>24</b> IF UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School boy</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Campbell, Mo. Rte. 3</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Herman J. Finder</b>		13b. MOTHER'S MAIDEN NAME <b>Agnes Runnace</b>	
14. NAME OF HUSBAND OR WIFE <b>-----</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>H. J. Finder, Campbell, Mo. R. 3</b>	
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 <b>Accidental traumatism by firearms</b>  INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>  DUE TO (b) _____  DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>  <b>E9190 19</b>	
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) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Near home</b>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Union Twp., Dunklin Mo.</b>		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>Jan. 31, 1954 3:P m.</b>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>shot by 12 guage shot gun.</b>	
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 <b>3 P. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Quinton Tarver, M.D., Coroner, Dunklin Co.</b>		23b. ADDRESS <b>Kennett, Mo.</b>	
23c. DATE SIGNED <b>2-3-54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb. 3, 1954</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Sacred Heart Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Wilhelmina, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>2-4-54</b>		REGISTRAR'S SIGNATURE <b>Mrs. Lulah Campbell</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Landess Funeral Home, Campbell, Mo.</b>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 2-9-54

COUNTY FILE NUMBER 254-3

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 *Christina M. Landess*

Licensed Embalmer No. 4227

P. O. Address *Campbell, Va*

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.