

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8637**

BIRTH NO. FILED **MAR 25 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1077**

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CLAY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	c. LENGTH OF STAY (in this place) 3 DAYS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EXCELSIOR SPRINGS	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL		d. STREET ADDRESS (If rural, give location) 518 HAYNES	

3. NAME OF DECEASED (Type or Print) a. (First) Andrew b. (Middle) Findley c. (Last) Findley			4. DATE OF DEATH (Month) (Day) (Year) March 9 1954			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH 7-13-85	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ENGINEER		10b. KIND OF BUSINESS OR INDUSTRY HEATING PLANT		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE EDNA MAE 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. YES-UNK	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joe May 8501 Greenwood Hickman Mills Mo			
--	--	--	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Artery Hemorrhage		DUPLICATE (b) Post operative Emphysema			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE (c) Cancer of the Lung Primary artery			162 1/2
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION 3-9-54	19b. MAJOR FINDINGS OF OPERATION Chronic Emphysema of the left chest, lesion of Pulmonary artery					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) m.	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 **2-5**, 19**54**, to **3-9**, 19**54**, that I last saw the deceased alive on **3-9**, 19**54** and that death occurred at **5:15 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Hector W. Benoit Jr. MD		23b. ADDRESS 12th & Grand Professional Bldg.		23c. DATE SIGNED 3/9/54	
---	--	---	--	--------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 3-10-54	24c. NAME OF CEMETERY OR CREMATORY MASONIC	24d. LOCATION (City, town, or county) (State) EXCELSIOR SPRINGS MO		
--	--------------------------	---	---	--	--

DATE REC'D BY LOCAL REG. 3-10-54	REGISTRAR'S SIGNATURE Suzeline Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Claude Richard Excelsior Springs Mo.			
---	---	--	--	--	--

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

vi 0840
20' clock
~~7/24/30~~

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 Ludice Jarnan

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs 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.