S. No. 300
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4282

FILED FEB 19 1957

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5447 Registrar's No. 35

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

1. PLACE OF DEATH
a. COUNTY: Gentry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Howard Twp
c. LENGTH OF STAY (in this place): 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Gentry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Howard Twp
d. STREET ADDRESS (If rural, give location): 0380 0

3. NAME OF DECEASED (Type or Print)
a. (First): Ganium
b. (Middle): Brown
c. (Last): Findley

4. DATE OF DEATH (Month) (Day) (Year): Feb 3 1957

5. SEX: M
6. COLOR OR RACE: W O
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 1
8. DATE OF BIRTH: June 14. 1887
9. AGE (In years last birthday): 69 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Ganium Findley
13b. MOTHER'S MAIDEN NAME: Sarah Groomes
14. NAME OF HUSBAND OR WIFE: Alma 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.:
17. INFORMANT'S SIGNATURE OR NAME: Alma Findley — ADDRESS: Alfang 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) INANITION AND DEBILITATION — INTERVAL BETWEEN ONSET AND DEATH: 3 WEEKS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) METASTATIC CARCINOMATOSIS — 10 MONTHS
DUE TO (c) PRIMARY CARCINOMA of PROSTATE — 2-3 YEARS

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: 177X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* DECEMBER 1, 1956, *to* FEB 3, 1957, *that I last saw the deceased alive on* 29, JANUARY, 1957, *and that death occurred at* 12:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Richard J. Smith
23b. ADDRESS: Grant City, Mo
23c. DATE SIGNED: FEB 5, 1957

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 5. 1957
24c. NAME OF CEMETERY OR CREMATORY: Lone Star Cemetry
24d. LOCATION (City, town, or county) (State): Lone Star Mo

DATE REC'D BY LOCAL REG.: Feb 11-57
REGISTRAR'S SIGNATURE: Maude Williams
25. FUNERAL DIRECTOR'S SIGNATURE: Kermit Brown — ADDRESS: Denver Mo

(Licensed Embalmer's Statement on Reverse Side)

46 2 0

FEB 20 1957

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 John Andrews, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed John Andrews

Licensed Embalmer No. 4211

P. O. Address Grant City 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.