

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017190

STATE FILE NUMBER

Health,  
& Welfare  
Public  
Service

HEP JUN 2 1958 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 174

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Kirkville</b> TOWN Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Kirkville</b> 00130 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>K.O. Hospital</b>		Length of stay in 1b <b>1 day</b>	
d. STREET ADDRESS <b>2201 S High</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>GEORGE</b> Middle <b>FRANCIS</b> Last <b>FINDLING</b>			4. DATE OF DEATH Month <b>May</b> Day <b>19</b> Year <b>1958</b>
5. SEX <b>Male</b> <input type="checkbox"/>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 28, 1895</b>
9. AGE (In years last birthday) <b>63</b>		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) <b>Farmer (retired)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>Stahl, Missouri</b>
12. CITIZENSHIP OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>George L. Findling</b>	
14. MOTHER'S MAIDEN NAME <b>Julia Lowe</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>486-18-2604</b>		17. INFORMANT <b>Mrs. Geo. F. Findling, Kirksville</b> Address <b>2201 S High</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Circulatory Collapse from hemorrhage</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Carcinoma of Hypoglossitis</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> <b>2 years.</b> <b>1417</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>January 12, 1956</b> and last saw him alive on <b>May 19, 1958</b> Death occurred at <b>3:15 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Howard E. Gress, D.O. 2</b> (Diocese or title)		22b. ADDRESS <b>Kirkville, Mo.</b>	
22c. DATE SIGNED <b>5-24-58</b>		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE <b>5-22-1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Novinger Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Novinger, Missouri</b>		(State)	
24. FUNERAL DIRECTOR <b>Davis &amp; Davis, Kirksville, Mo.</b>		ADDRESS	
25. DATE RECD. BY LOCAL REG. <b>5-24-58</b>		26. REGISTRAR'S SIGNATURE <b>Doris W. Ratliff</b>	

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

DEC 9 1958

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 .....  
Signature of Student Embalmer

Signed *Robert B. Harris* .....

Licensed Embalmer No. 4219

P. O. Address Kirkaville,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.