IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 17 1960

60-010230
STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. _____ Registrar's No. 62

1. PLACE OF DEATH
a. COUNTY CASS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Peculiar Twp — Length of stay in 1b: 3yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7 Miles NW-Harrisonville — Inside Limits: Yes ☒ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Barton
c. CITY OR TOWN Iantha — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R.T. 1 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Amos Middle Hamilton Last Findley
4. DATE OF DEATH: Month March Day 11 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-13-1872
9. AGE (last birthday): 87
IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HR: 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 country): Clark County, Ill.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Jacob Hamilton Findley
13b. MOTHER'S MAIDEN NAME: Martha Jane Cale
14. NAME OF HUSBAND OR WIFE: Hallie Mae Findley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT: Mrs Hallie Findley Address: Rt 2 Iantha, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Artheriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 3yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (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): Carcinoma Prostate
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1957 to Mar. 11, 1960 and last saw him alive on Mar. 11, 1960
Death occurred at 11 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE O J Barger (Degree or title) MD
22b. ADDRESS Harrisonville Mo
22c. DATE SIGNED 12 Mar 60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 3-12-1960
23c. NAME OF CEMETERY OR CREMATORY: Bakers Grove Cemetery
23d. LOCATION (City, town, or county) (State): Irwin, Missouri
24. FUNERAL DIRECTOR: Beeney Bros. ADDRESS: Sheldon, Missouri
25. DATE RECD. BY LOCAL REG.: Mar-12-1960
26. REGISTRAR'S SIGNATURE: Mrs Ray Sebree

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Robert W Atkinson

Signature of Student Embalmer

Licensed Embalmer No. 4902

P. O. Address Hammond

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con 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.