

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010231

FILED VS APR 7 1960

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STATE FILE NUMBER

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

1. PLACE OF DEATH a. COUNTY CASS		2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. STATE Missouri b. COUNTY BAWTON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Peculiar Twp.		Length of stay in 1b 3 yrs.	c. CITY OR TOWN IANTHA
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7 miles NW Harrisonville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt 1

3. NAME OF DECEASED (Type or print) First HALLIE Middle MAY Last FINDLEY			4. DATE OF DEATH Month 3 Day 30 Year 1960	
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5. SEX Female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH SEP 23-1871	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home maker	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) BAWTON (a Missouri)	12. CITIZEN OF WHAT COUNTRY U.S.A
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13a. FATHER'S NAME William Weeks	13b. MOTHER'S MAIDEN NAME Conelia Calvert	14. NAME OF HUSBAND OR WIFE Amos H. Findley
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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. no	17. INFORMANT Mrs Bawton Hayes at Peculiar, Mo.
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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 Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 72 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cerebral Arteriosclerosis	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year

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 IRWIN, Missouri	COUNTY IRWIN, Missouri	STATE
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21. I attended the deceased from 9 1957 to MAR 30, 1960 and last saw her MAR. 29, 1960 alive on _____ m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE W J Barger MD (Degree or title)	22b. ADDRESS Harrisonville Mo	22c. DATE SIGNED MAR 31, 1960
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-31-1960	23c. NAME OF CEMETERY OR CREMATORY BARKS GROVE	23d. LOCATION (City, town, or county) (State) IRWIN, Missouri
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24. FUNERAL DIRECTOR Benedy Bras Sheldon, Mo.	25. DATE RECD. BY LOCAL REG. Mar 31-1960	26. REGISTRAR'S SIGNATURE Mrs. Ray Schree
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DOCUMENT

MEDICAL CERTIFICATION

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 _____
Signature of Student Embalmer

Signed Robert W. Cichero

Licensed Embalmer No. 4902

P. O. Address Herrmann

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