Health, & Welfare Public Service

S. 300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035217
STATE FILE NUMBER

FILED SEP 23 1958 Registration District No. 338 Primary Registration District No. 6154 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY Stoddard	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Stoddard
b. CITY OR TOWN Near Essex — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Near Essex 1 C 3 C — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION Richland Twp. R. 2 — Length of stay in 1b	d. STREET ADDRESS Rt. 2 (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Jerry Middle Jerome Last Findley

4. DATE OF DEATH: Month 9 Day 15 Year 1958

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 8/3/1941

9. AGE (In years last birthday): 17 — IF UNDER 1 YEAR: Months 1 Days 12 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (City and state or country): Jamestown Ark.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME: Paul Findley

13b. MOTHER'S MAIDEN NAME: Zelma Boyd

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 491-44-4038

17. INFORMANT: Zelma Findley Address Essex Mo

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Rupture of brain — INTERVAL BETWEEN ONSET AND DEATH: sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 9198 43

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ .2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
Shot in left temple when gun held by his uncle accidently discharged while they were hunting.

20c. TIME OF INJURY: Hour 11:30 a.m. p.m. Month, Day, Year 9-15-58

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.): In woods land

20f. CITY, TOWN, OR LOCATION: Essex, Richland Twp. Rfd. 2, Missouri — COUNTY 103 — STATE

21. I attended the deceased from ——— to ——— and last saw her/him alive on ———
Death occurred at 11:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Marsh Wathins (Degree or title) Coroner 3

22b. ADDRESS: Dexter, Missouri

22c. DATE SIGNED: 9-17-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 9/18/1958

23c. NAME OF CEMETERY OR CREMATORY: Bloomfield

23d. LOCATION (City, town, or county) (State): Bloomfield Mo

24. FUNERAL DIRECTOR: Emerson & Sons — ADDRESS: Jamestown Ark.

25. DATE RECD. BY LOCAL REG.: 9-20-58

26. REGISTRAR'S SIGNATURE: Mrs. George L. Baker

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

Only diseases, injuries, or complications that result in death should be entered in Item 18. No symptoms will be listed.

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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 ..... Signed ....[illegible]....
Signature of Student Embalmer

Licensed Embalmer No. 3.62

P. O. Address [illegible]

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.