S. No. 300
v. 10-48

677

FILED MAR 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5396

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY: Mississippi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Charleston
c. LENGTH OF STAY (in this place): Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): East Marshall Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Mississippi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Charleston 0672
d. STREET ADDRESS (If rural, give location): East Marshall Street 0

3. NAME OF DECEASED (Type or Print)
a. (First): MAUDE
b. (Middle): STORY
c. (Last): FINLEY

4. DATE OF DEATH (Month) (Day) (Year): Feb. 16, 1951

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Feb. 5, 1884
9. AGE (In years last birthday): 67 — If under 1 year: Months 0, Days 11 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Social Welfare Worker
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Mississippi County, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Albert W. Story
13b. MOTHER'S MAIDEN NAME: Fannie Smith
14. NAME OF HUSBAND OR WIFE: Dr. Byron E. Finley

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: Byron E. Finley — ADDRESS: Charleston, 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): Malignant Lymphoma — INTERVAL BETWEEN ONSET AND DEATH: 2 yr +

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 2002

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* Jan, 1949, *to* Feb 16, 1951, *that I last saw the deceased alive on* Feb 16, 1951, *and that death occurred at* 305 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: E. Chas Rolwing 0 (Degree or title): MD
23b. ADDRESS: 1st & Market Sts, Charleston, Mo.
23c. DATE SIGNED: Feb. 20-1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: Feb. 18, 1951
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery
24d. LOCATION (City, town, or county) (State): Charleston, Missouri

DATE REC'D BY LOCAL REG.: Mar. 3-1951
REGISTRAR'S SIGNATURE: Mrs. Lex Kilgore 439 1
25. FUNERAL DIRECTOR'S SIGNATURE: Edward E. Nunnelee — ADDRESS: THE NUNNELEE FUNERAL CHAPEL, Charleston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 9 REC'D
RECEIVED
Miss. Co. Health Dept
County File No.
Date. Filed MAR 12 1951

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 .....
Student Embalmer

Signed Edward E. Nunnelee

Licensed Embalmer No. 4164

P. O. Address Charleston, Miss.

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.