V.S. No. 300
Rev. 10.48

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7343

BIRTH NO. _____ REG. DIST. NO. 3165 PRIMARY REG. DIST. NO. 4534 Registrar's No. 4

1100

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caledonia
c. LENGTH OF STAY (in this place): 40 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caledonia 1100
d. STREET ADDRESS (If rural, give location): 0

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

4. DATE OF DEATH (Month) (Day) (Year): Jan. 31 1951

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Jan. 23 1876
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 0, Days 8 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): minister
10b. KIND OF BUSINESS OR INDUSTRY: Methodist Church
11. BIRTHPLACE (State or foreign country): Dallas Co. Texas
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Granville Finley
13b. MOTHER'S MAIDEN NAME: Fannie Daniels
14. NAME OF HUSBAND OR WIFE: Roberta Finley Caledonia Mo

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'S SIGNATURE OR NAME ADDRESS: Mrs. Roberta Finley, Caledonia 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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bright's Disease
DUE TO (c) Infirmities of old age — 513X

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

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* Nov 1 *19* 50, *to* Jany 31 *19* 51, *that I last saw the deceased alive on* Jany 29 *19* 51, *and that death occurred at* 11.40P *m., from the causes and on the date stated above.*

23a. SIGNATURE: F. H. Gale (Degree or title) MD
23b. ADDRESS: Bismarck Mo
23c. DATE SIGNED: Feby 2-51

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 2-4-51
24c. NAME OF CEMETERY OR CREMATORY: Methodist Cemetery
24d. LOCATION (City, town, or county) (State): Caledonia Mo.

DATE REC'D BY LOCAL REG.: 2-8-51
REGISTRAR'S SIGNATURE: Ella P. White 336
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: White Funeral Home, Ironton Mo. Emily White

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
FEB 11 1951
WASH. COUNTY HEALTH DEPT.
File No. 251-65

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 Arnold J. White

Licensed Embalmer No. 2012

P. O. Address Hamilton Ills.

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.