

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2239**

FILED FEB 5 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **28**

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

|   |  |  |   |
|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Pettis</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>  |   |
| c. LENGTH OF STAY (In this place) <b>40 yrs</b>   |  | d. STREET ADDRESS (If rural, give location) <b>307-A West 4<sup>th</sup></b>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>307-A West 4<sup>th</sup></b>  |  | d. STREET ADDRESS (If rural, give location) <b>307-A West 4<sup>th</sup></b>   |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>NORTON</b>   |  | b. (Middle) <b>J.</b>  |   |
| c. (Last) <b>FINNEY</b>   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Jan 26 1952</b>  |   |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>  | 8. DATE OF BIRTH <b>May 19-1865</b>                             |
| 9. AGE (In years last birthday) <b>86</b>   | IF UNDER 1 YEAR Months <b>8</b>  | IF UNDER 24 HRS. Days <b>7</b>   | IF UNDER 1 MIN. Min. _____                                      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired General Supt</b>   | 10b. KIND OF BUSINESS OR INDUSTRY <b>M.H.+T. R.R.</b>  | 11. BIRTHPLACE (State or foreign country) <b>Jamestown Pa</b>  | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>                      |
| 13a. FATHER'S NAME <b>Frederick Norton Finney</b>   | 13b. MOTHER'S MAIDEN NAME <b>Willie Ann Clark</b>  | 14. NAME OF HUSBAND OR WIFE <b>Florence</b>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>   | 16. SOCIAL SECURITY NO. <b>none</b>  | 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Florence Finney</b> ADDRESS <b>Sedalia</b>  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)   |  | MEDICAL CERTIFICATION  |   |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis, Chronic</b>  |  | INTERVAL BETWEEN ONSET AND DEATH   |   |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  |  |  |   |
| II. OTHER SIGNIFICANT CONDITIONS: <b>Bilateral pneumonia</b>  |  |  |   |
| 19a. DATE OF OPERATION  | 19b. MAJOR FINDINGS OF OPERATION   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |   |
| 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <b>4222</b>   |   |
| 22. I hereby certify that I attended the deceased from <b>Jan 19, 1952</b> , to <b>Jan 26, 1952</b> , that I last saw the deceased alive on <b>Jan 26, 1952</b> , and that death occurred at <b>8:15 P.M.</b> , from the causes and on the date stated above. |  |  |   |
| 23a. SIGNATURE <b>Chas Gordon Staupfeld MD</b> (Degree or title)  |  | 23b. ADDRESS <b>Sedalia Missouri</b>   | 23c. DATE SIGNED <b>1-28-52</b>                                 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   | 24b. DATE <b>1-28-52</b>   | 24c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill</b>   | 24d. LOCATION (City, town, or county) (State) <b>Sedalia Mo</b> |
| DATE REC'D BY LOCAL REG. <b>1-28-52</b>   | REGISTRAR'S SIGNATURE <b>R. G. Campbell MD</b>   | 25. FUNERAL DIRECTOR'S SIGNATURE <b>McLaughlin Bros</b> ADDRESS <b>Sedalia</b>   |   |

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(Licensed Embalmer's Statement on Reverse Side)

**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..... *K.P.M. Cray*  
Licensed Embalmer No. 3153  
P. O. Address Edelia M

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.