S. No. 300
v. 10.48

FILED MAY 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17321

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 5819 Registrar's No. 16

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1. PLACE OF DEATH
a. COUNTY: Morgan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Osage
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 Mi. So. of Gravois Mills

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fairmount 0480
d. STREET ADDRESS (If rural, give location): 628 South Huttig

3. NAME OF DECEASED (Type or Print)
a. (First): Arthur
b. (Middle): C.
c. (Last): Finney

4. DATE OF DEATH (Month) (Day) (Year): May 18-1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 22, 1917
9. AGE (In years last birthday): 34 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Trucking
11. BIRTHPLACE (State or foreign country): Superior, Wisconsin
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George C. Finney
13b. MOTHER'S MAIDEN NAME: May Leslie
14. NAME OF HUSBAND OR WIFE: Virginia Finney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War 2
16. SOCIAL SECURITY NO.: 495-05-4460
17. INFORMANT'S SIGNATURE OR NAME: Vernon Prime, Kansas City, Kans.

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): Accidental Drowning

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.
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INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
071
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Lake of the Ozarks
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Osage Township - Morgan - Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 18-1952 12:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Boat Riding

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 12:30 p. m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carmen Wood, Sherrif Acting Coroner
23b. ADDRESS: Versailles, Mo
23c. DATE SIGNED: May 20-1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: May 20-1952
24c. NAME OF CEMETERY OR CREMATORY: St. Mary's
24d. LOCATION (City, town, or county) (State): Independence, Mo

DATE REC'D BY LOCAL REG.: May 23-1952
REGISTRAR'S SIGNATURE: J. L. Washburn M.D. 2-14-6
Per Vera O. Kidwell, Deputy
25. FUNERAL DIRECTOR'S SIGNATURE: W. F. Kidwell
ADDRESS: Versailles, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 17 1952

JUN 20 1952

JUN 3 1952

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 Ernest L Young

Licensed Embalmer No. 4785

P. O. Address Eldon, Mo

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.