

FILED FEB 16 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

8389

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 693 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Daline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City Mo. 0264</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo State School</u>		d. STREET ADDRESS (If rural, give location) <u>915 Jefferson</u>	
3. NAME OF DECEASED a. (First) <u>Benjamin Weyland</u> b. (Middle) <u>Finley</u> c. (Last) <u>Finley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 11 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Sept 7, 1942</u>
9. AGE (In years last birthday) <u>10</u>		IF UNDER 1 YEAR <u>5</u> MONTHS <u>4</u> DAYS	IF UNDER 2 HRS. <u>0</u> MIN. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>no</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>no</u>	11. BIRTHPLACE (State or foreign country) <u>Tipton Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>US-</u>		13a. FATHER'S NAME <u>Berg W Finley</u>	
13b. MOTHER'S MAIDEN NAME <u>Emma Faye Bell</u>		14. NAME OF HUSBAND OR WIFE <u>no</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Parents 915 Jefferson</u>		ADDRESS <u>Jefferson City Mo</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>6da</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Epilepsy (Grand Mal)</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>no</u>		19b. MAJOR FINDINGS OF OPERATION <u>490X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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) <u>no</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10</u> to <u>2-11</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>2-11</u> , 19 <u>53</u> , and that death occurred at <u>6:50</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Sas Landy</u> (Degree or title) <u>0</u>		23b. ADDRESS <u>Marshall Mo</u>	
23c. DATE SIGNED <u>2-11-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2-11-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mo State School</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson City Mo.</u>	
DATE RECD BY LOCAL REG. <u>Feb. 12-1953</u>		REGISTRAR'S SIGNATURE <u>Sidney F Gray</u> <u>385</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Campbell-Lewis</u>		ADDRESS <u>Marshall, Mo.</u>	

970
2

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

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.....

R. W. Campbell Jr.

Licensed Embalmer No. *3469*

P. O. Address *Marshall, 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.