

FILED AUG 21 1953 STANDARD CERTIFICATE OF DEATH

State File No. 29305

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 296

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY MARION	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HANNIBAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, WARREN TOWNSHIP	
c. LENGTH OF STAY (in this place) 3 DAYS		d. STREET ADDRESS (If rural, give location) MONROE CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. ELIZABETH HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) CORA b. (Middle) Monica c. (Last) FINNIGAN			4. DATE OF DEATH (Month) (Day) (Year) August 6 1953		
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5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH DECEMBER 19-1883		9. AGE (To years last birthday) 69 if under 1 year 7 Months 18 Days 18 Hours 18 Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (State or foreign country) MONROE County Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME JOSEPH BUCKMAN		13b. MOTHER'S MAIDEN NAME SARAH SPALDING		14. NAME OF HUSBAND OR WIFE T.W. FINNIGAN	
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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. _____		17. INFORMANT'S SIGNATURE OR NAME T.H. Finnigan ADDRESS Monroe City, Mo	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Complete intestinal obstruction				7 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of uterus				?	
		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		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **8-4-53** 19___, to **8-6-53** 19___, that I last saw the deceased alive on **8-6-53** 19___, and that death occurred at **7:58 P.M.** from the causes and on the date stated above.

23a. SIGNATURE A.L. Green (Degree or title)		23b. ADDRESS M.D. 100 N. Sixth Hannibal Mo.		23c. DATE SIGNED 8-12-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-8-53		24c. NAME OF CEMETERY OR CREMATORY HOLY ROSARY CEMETERY		24d. LOCATION (City, town, or county) (State) Monroe City Missouri	
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DATE REC'D BY LOCAL REG. 8-14-53		REGISTRAR'S SIGNATURE Dr. E.M. Lucke By W.C. Wilson		25. FUNERAL DIRECTOR'S SIGNATURE WILSON & SONS ADDRESS MONROE CITY, MO.	
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED AUG 20 1953
MARION CO. HEALTH DEPT.
DATE FILED AUG 20 1953

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 Lester L. Nelson

Licensed Embalmer No. 3014

P. O. Address Monroe City 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.