S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED NOV 17 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41883

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 159

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Vernon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nevada 1082 0
d. STREET ADDRESS (If rural, give location): 222 South Pine

3. NAME OF DECEASED (Type or Print)
a. (First): Emery
b. (Middle):
c. (Last): Finley

4. DATE OF DEATH (Month) (Day) (Year): October 24 1953

5. SEX: M 0

6. COLOR OR RACE: Wh

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /

8. DATE OF BIRTH: June 24, 1874

9. AGE (In years last birthday): 79 — 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): Farm Hand

10b. KIND OF BUSINESS OR INDUSTRY: State Hospital

11. BIRTHPLACE (State or foreign country): Ohio /

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Zowiris Finley

13b. MOTHER'S MAIDEN NAME: Sarah

14. NAME OF HUSBAND OR WIFE: Myrty Finley

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.: 496-20-1522

17. INFORMANT'S SIGNATURE OR NAME: John Finley
ADDRESS: Oklahoma City, Okla.

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): Carcinoma Lung — INTERVAL BETWEEN ONSET AND DEATH: Advanced age.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Don't Know
DUE TO (c):

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

19a. DATE OF OPERATION: 9-15-53

19b. MAJOR FINDINGS OF OPERATION: Carcinoma Lung. 163X

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* 6-18, 1953, *to* 10-24, 1953, *that I last saw the deceased alive on* 10-24, 1953 *and that death occurred at* 4:20 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. L. [illegible] M.D.

23b. ADDRESS: Nevada, Mo.

23c. DATE SIGNED: 11-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: October 27, 1953

24c. NAME OF CEMETERY OR CREMATORY: Newton Burial Park

24d. LOCATION (City, town, or county) (State): Nevada Missouri

DATE REC'D BY LOCAL REG.: 11-10-53

REGISTRAR'S SIGNATURE: Amos E. Ferry 451-

25. FUNERAL DIRECTOR'S SIGNATURE: Ferry Funeral Home
ADDRESS: Nevada, Mo.

(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 L. Ingles Ferry, Student Embalmer No. 492, working under my personal supervision.

Student L. Ingles Ferry
Student Embalmer

Signed C B Harry

Licensed Embalmer No. 1760

P. O. Address Nevada, Missouri

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.