No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9476

FILED MAR 16 1954

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 4351 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY: MORGAN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BARNETT
c. LENGTH OF STAY (in this place): 10 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BARNETT

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MORGAN
c. CITY OR TOWN: BARNETT
d. Is Residence within limits of a city or incorporated town? Yes X No ☐
e. STREET ADDRESS (If rural, give location): BARNETT 0719

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): EDWARD
c. (Last): FINLEY

4. DATE OF DEATH (Month) (Day) (Year): MARCH - 7 - 1954

5. SEX: MALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: JUNE 1885
9. AGE (In years last birthday): 69
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): Retired
10b. KIND OF BUSINESS OR INDUSTRY: MERCHANT
11. BIRTHPLACE (City and State or Foreign Country): Camden Co - Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James - Finley
13b. MOTHER'S MAIDEN NAME: Nettie - Finley
14. NAME OF HUSBAND OR WIFE: Ethel - Finley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Meta - Williams
ADDRESS: BARNETT

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) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastatic Carcinoma of Colon — 6 mos.
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: 153X
20. AUTOPSY? YES ☐ NO X

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ✓
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): None
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: None

22. *I hereby certify that I attended the deceased from* July, 1953, *to* March 7, 1954, *that I last saw the deceased alive on* March 6, 1954, *and that death occurred at* 8:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Jack Finn (Degree or title): M.D.
23b. ADDRESS: Versailles - Mo
23c. DATE SIGNED: 9 March 54

24a. BURIAL / CREMATION / REMOVAL (Specify): BURIAL
24b. DATE: 10 Mar 54
24c. NAME OF CEMETERY OR CREMATORY: Hopewell
24d. LOCATION (City, town, or county) (State): Morgan Co - Mo

DATE REC'D BY LOCAL REG.: 3/9/54
REGISTRAR'S SIGNATURE: [illegible] 214-0
25. FUNERAL DIRECTOR'S SIGNATURE: Keith McKaye
ADDRESS: Eldon 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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Keith M. Kays

Licensed Embalmer No. 39

P. O. Address Eldon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.