

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33271

FILED OCT 25 1954

State File No. 5200

5200

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 30-4 Registrar's No. 120

1. PLACE OF DEATH
a. COUNTY Carroll

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)
a. STATE Missouri b. COUNTY Carroll

b. CITY (If outside corporate limits, write RURAL and give town) Rural Wakanda Twp. c. LENGTH OF STAY (In this place) _____

c. CITY OR TOWN Carrollton d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Harlow Rest Home e. STREET ADDRESS (If rural, give location) _____

3. NAME OF DECEASED a. (First) Edward b. (Middle) Monroe c. (Last) Finley 4. DATE OF DEATH (Month) (Day) (Year) Oct. 19, 1954

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 8. DATE OF BIRTH Feb. 21, 1872 9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 1 YEAR Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farm 11. BIRTHPLACE (City and State or Foreign Country) Carroll Co. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME J. R. Finley 13b. MOTHER'S MAIDEN NAME Sarah J. Sinnard 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME Harold Calvert ADDRESS Carrollton, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Delirium

ANTECEDENT CAUSES DUE TO (b) old age

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

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 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) _____ 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 Oct 17, 1954 to Oct 19, 1954 that I last saw the deceased alive on Oct 18, 1954 and that death occurred at 3 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. Hamilton Staten M.D. 23b. ADDRESS Carrollton Mo. 23c. DATE SIGNED Oct 19/54

24. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Oct. 20 24c. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery 24d. LOCATION (City, town, or county) (State) Carroll Co. Mo.

DATE REC'D BY LOCAL REG. 10/20/54 REGISTRAR'S SIGNATURE Mr. Herbert Calvert 45-1 FUNERAL DIRECTOR'S SIGNATURE Stanley Gibson ADDRESS Carrollton Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Ben W. Gibson*

Licensed Embalmer No. *296*

P. O. Address *Carrollton*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.