

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27303**

FILED DEC 5 - 1956

BIRTH NO. _____ REG. DIST. NO. **57** PRIMARY REG. DIST. NO. **4081** Registrar's No. **3**

1. PLACE OF DEATH a. COUNTY CARROLL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY CARROLL	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bosworth Ridge		c. CITY OR TOWN Bosworth	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 yr		f. STREET ADDRESS (If rural, give location) 0170	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) MAUDE	b. (Middle) MILDRED	c. (Last) FINLEY	(Month) NOV.	(Day) 20	(Year) 1956
5. SEX F	6. COLOR OR RACE w	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH FEB. 20 - 1885	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 9 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) CARROLL Co.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME HUGH CARROLL	13b. MOTHER'S MAIDEN NAME MELINDA FINLEY	14. NAME OF HUSBAND OR WIFE WM. FINLEY BOSWORTH Mo
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS WM. FINLEY BOSWORTH Mo

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) Circulatory Failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Decompensated Acute Cor Pulmonale DUE TO (c) Tuberc Pneumonia		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <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 **11-20**, 1956, to **11-20**, 1956, that I last saw the deceased alive on **11-20**, 1956, and that death occurred at **9:15 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Wm. F. Hansen	(Degree or title) D.O.	23b. ADDRESS 246 Mo	23c. DATE SIGNED 11-23-56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE NOV. 23 - 56	24c. NAME OF CEMETERY OR CREMATORY WHARTON CEMETERY	24d. LOCATION (City, town, or county) (State) 3 1/2 M.S.E. Bosworth Mo
DATE REC'D BY LOCAL REG. Nov. 24 - 56	REGISTRAR'S SIGNATURE Pearl Koch	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leipard + Edwards Bosworth Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

REC-34 19

NOV 14 1957

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 *David J. Edwards*.....

Licensed Embalmer No. *3765*

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