

FILED DEC 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43457

STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 4031 Registrar's No. 141

| | | | | | | | |
|---|--|--|--|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Bates | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Adrian | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Adrian | | 0070 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Benjiman Middle Samuel Last Finley | | | 4. DATE OF DEATH Month Dec. Day 11 Year 1957 | | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Dec. 11, 1885 | 9. AGE (In years last birthday) 72 | IF UNDER 1 YEAR Months 0 Days 0 | IF UNDER 24 HRS. Hours 0 Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Pettus County, Missouri. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
| 13. FATHER'S NAME George W. Ficklin. | | | 14. MOTHER'S MAIDEN NAME Ida Belle Kendrick. | | | | |
| 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 Address R. F. Finley, Adrian, Mo. | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ | | | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 | | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> None | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | | | |
| 20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____ None | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> None | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) None | 20f. CITY, TOWN, OR LOCATION | COUNTY | STATE | | | |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 12/11/57 12 p.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Doctor or title) Douglas P. Ronald M.D. Coroner | | | 22b. ADDRESS Porter, Mo | | 22c. DATE SIGNED 12/12/57 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 12-12-57 | 23c. NAME OF CEMETERY OR CREMATORY Crescent Hill Cem. | 23d. LOCATION (City, town, or county) (State) Adrian, Mo. | | | | |
| 24. FUNERAL DIRECTOR ADDRESS Six Funeral Service, Adrian, Mo. | | 25. DATE RECD. BY LOCAL REG. Dec. 12-1957 | 26. REGISTRAR'S SIGNATURE Kendall Kersey | | | | |

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.. This body was not embalmed.

Student.....
Signature of Student Embalmer

Signed..... *[Handwritten Signature]*

Licensed Embalmer No. 3650.

P. O. Address...Adrian, 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.