

FILED MAR 5 - 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004796
State File No.

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>65</u> | | PRIMARY REG. DIST. NO. <u>4112</u> | | Registrar's No. <u>14</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Chariton</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death) a. STATE <u>Mo.</u> b. COUNTY <u>Chariton</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Dalton</u> | | c. LENGTH OF STAY (If in institution) <u>84 years</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Dalton, Mo.</u> | | d. STREET ADDRESS (If rural, give location) <u>Main St. Dalton, Mo.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Main St. Dalton, Mo.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>Main St. Dalton, Mo.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Richard</u> c. (Last) <u>Finnell</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 2nd, 1958</u> | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>Black</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Dec. 8th, 1873</u> | |
| 9. AGE (In years, months, days) <u>84</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u> | | 11. BIRTHPLACE (State or foreign country) <u>Dalton, Mo.</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Richard Finnell</u> | | 13b. MOTHER'S MAIDEN NAME <u>Harriett Price</u> | | 14. NAME OF HUSBAND OR WIFE <u>Leona Edwards Finnell</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leona Finnell, Dalton, Mo.</u> | | | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congruent cerebral hemorrhages July 5, 1957</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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? <u>2</u> 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) (Min.) | | 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 <u>July 5, 1957</u> , to <u>March, 1958</u> , that I last saw the deceased alive on <u>March 1, 1958</u> , and that death occurred at <u>4:45 P.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>J. L. Freyer D.O.</u> | | | | 23b. ADDRESS <u>Brunswick Mo.</u> | | 23c. DATE SIGNED <u>3/3-58</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>March, 6th, 1958</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Dalton Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>Mar 3-1958</u> | | REGISTRAR'S SIGNATURE <u>M. Boone-Elvie Smith Deputy</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>N. D. Spruitt Keytesville, Mo.</u> | | | |

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

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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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____

H. D. Garrett

Signed _____
Student Embalmer

Licensed Embalmer No. *2046*

P. O. Address *Hyattsville Md*

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.