

Health, Welfare, Public Services

300
1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAY 2 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014983

STATE FILE NUMBER 135

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 137

1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Marion				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth Hosp. DOA			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 1018 Fulton Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) William Finney				4. DATE OF DEATH 4 - 22 - 1958				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb 28, 1906		
9. AGE (In years last birthday) 52		IF UNDER 1 YEAR Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pressman		11. BIRTHPLACE (City and state or country) Marion County 0		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pressman		10b. KIND OF BUSINESS OR INDUSTRY Rubber Plant		11. BIRTHPLACE (City and state or country) Marion County 0		12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME William Finney				14. MOTHER'S MAIDEN NAME Nora Mefford				
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. 494-09-9260		17. INFORMANT Mrs. Rosie Finney Hannibal, 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) Ventricular Paroxysmal Tachycardia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Valvular heart disease DUE TO (c) Aortic insufficiency - 4214 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH 10 min 8 yrs 8 yrs.	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 2-24-50 to 4-22-58 and last saw ^{her} him alive on 4-22-58 Death occurred at 11:15P m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE [Signature] (Degree or title) M.D.				22b. ADDRESS 100 N. Sixth, Hannibal, Mo.		22c. DATE SIGNED 4-25-58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-25-1958		23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet cemetery		23d. LOCATION (City, town, or county) (State) Hannibal, Mo.		
24. FUNERAL DIRECTOR Clark Funeral Home Hannibal, Mo.				25. DATE RECD. BY LOCAL REG. 4-28-1958		26. REGISTRAR'S SIGNATURE Dr. E. M. Luck & H. C. Fisher		

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED WAY 1 1958

MARION CO. HEALTH DEPT

DATE FILED WAY 1 1958

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.....
Licensed Embalmer No. 421

P. O. Address Hannibal,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.