

st. Health,  
, & Welfare  
S. Public  
th Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022461  
STATE FILE NUMBER

FILED JUN 23 1958 Registration District No. 181 Primary Registration District No. 4293 Registrar's No. 37

S. 300  
v. 1-57  
/

1. PLACE OF DEATH a. COUNTY <b>LINCOLN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>LINCOLN</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ELSBERRY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Elsberry</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>308 N. THIRD</b>		Length of stay in lb <b>YEARS</b>	d. STREET (If outside, give location) ADDRESS <b>308 N. THIRD</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>JOSEPH</b> Middle <b>ASHBY</b> Last <b>FINLEY</b>			4. DATE OF DEATH Month <b>MAY</b> Day <b>23</b> Year <b>1958</b>		
---	--	--	---	--	--

5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>APR. 23, 1894</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
-----------------------	----------------------------------	---	--	--	--------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer - Engineers</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>U.S. Gov't</b>	11. BIRTHPLACE (City and state or country) <b>ELSBERRY, RFD, MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
---	--	--	--

13a. FATHER'S NAME <b>JOHN FINLEY</b>	13b. MOTHER'S MAIDEN NAME <b>SALLY FISHER</b>	14. NAME OF HUSBAND OR WIFE <b>GLADYS COLAW FINLEY</b>
--	--	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>YES - unknown</b>	17. INFORMANT <b>CLARENCE FINLEY</b> Address <b>- ELSBERRY, MO</b>
--	---	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>two hours</b>
DUE TO (b) _____ DUE TO (c) _____		
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"/>

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.) <b>4201</b>
---	---

20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <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 <b>ELSBERRY</b>	COUNTY _____ STATE _____
---	---	--	---	--------------------------

21. I attended the deceased from <b>May 23, 1958</b> to <b>May 23, 1958</b> and last saw him alive on <b>May 23, 1958</b> Death occurred at <b>11:20</b> <b>pm</b> on the date stated above; and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE <b>Robert M. Hull</b> (Degree or title)	22b. ADDRESS <b>4201 Elsberry Mo</b>	22c. DATE SIGNED <b>May 26, 1958</b>
--	---	---

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>MAY 26, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>CITY</b>	23d. LOCATION (City, town, or county) <b>ELSBERRY, MO.</b>
--	----------------------------------	---	---

24. FUNERAL DIRECTOR <b>Ricks Funeral Home</b> ADDRESS <b>ELSBERRY Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>6/20/58</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Clarence Kientz</b>
--	--	--

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JUN 23 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 *[Handwritten Signature]* .....

Licensed Embalmer No. *4012* .....

P. O. Address *Edoherry, 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.