

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028530

FILED VS SEP 14 1959 2

Registration District No. 2 Primary Registration District No. 3017 Registrar's No. 125

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Boonville</u>		Length of stay in lb <u>8 days</u>		c. CITY OR TOWN <u>Nelson</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph Hosp.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>5 miles S of Nelson</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>CHARK-LEWIS-FINLEY</u>				4. DATE OF DEATH <u>Sept 6, 1959</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>wh</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>April 12, 1886</u>	9. AGE (last birthday) <u>73</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>		11. BIRTHPLACE (City and state of country) <u>Saline County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>John P. Finley</u>			13b. MOTHER'S MAIDEN NAME <u>Narcissa R. Finley</u>			14. NAME OF HUSBAND OR WIFE <u>none</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.		17. INFORMANT <u>Charlie Racy, Nelson, Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Acute Pulmonary Edema - Congestion</u>							<u>24 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Probable Pulmonary + Cerebral Emboli</u>							<u>3 days</u>
DUE TO (c) <u>① Fracture, L. humer. by ② Fracture, comminuted, L. thigh by ③ Cerebral concussion</u>							<u>5 days.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Auto Accident</u>			
20c. TIME OF INJURY Hour <u>6:00 p.m.</u> Month, Day, Year <u>8-29-59</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Road</u>		20f. CITY, TOWN, OR LOCATION <u>Nelson</u>		COUNTY <u>Cooper</u> STATE <u>Mo</u>
21. I attended the deceased from <u>8/29/59</u> to <u>9/6/59</u> and last saw her <u>alive on 9/6/59</u> Death occurred at <u>11:45 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>E.T. Humphreys MD</u>				22b. ADDRESS <u>Boonville, Mo.</u>			22c. DATE SIGNED <u>Sept. 8, 1959</u>
23a. BURIAL, CREMATION, OR DISPOSAL (Specify) <u>Buried Sept. 9, 1959</u>		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY <u>Salt Fork Ceme</u>		23d. LOCATION (City, town, or county) <u>Nelson Mo.</u>	
24. FUNERAL DIRECTOR <u>Ray Painter, Pilot Grove Mo</u>				25. DATE RECD. BY LOCAL REG. <u>9/8/59</u>		26. REGISTRAR'S SIGNATURE <u>Ed Hooper</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 22 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert L. Paul

Licensed Embalmer No. 4067

P. O. Address Pilot Knob

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.