

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018078

STATE FILE NUMBER

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 72

AMENDED

| | | | | | | | |
|--|---|--|--|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Johnson</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Warrensburg</u> Length of stay in lb <u>7 months</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>205 Hillcrest Drive,</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u> c. CITY OR TOWN <u>KnobNoster,</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>KnobNoster, Mo.</u> Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First <u>ELIZABETH</u> Middle <u>FINLEY</u> Last <u>FINLEY</u> | | | 4. DATE OF DEATH Month <u>May</u> Day <u>30th.</u> Year <u>1961</u> | | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>5-24-1870</u> | 9. AGE (last birthday) <u>91</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u> IF UNDER 24 HR Hours <u> </u> Min. <u> </u> | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife,</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>home</u> | | 11. BIRTHPLACE (City and state or country) <u>Harpers Ferry, W. Va.</u> | | | |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>John Allstadt,</u> | | 13b. MOTHER'S MAIDEN NAME <u>Annie Cockrell</u> | | | |
| 14. NAME OF HUSBAND OR WIFE <u>William John Finley</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | | |
| 17. INFORMANT <u>Mr. Hayes Finley, Warrensburg, Mo.</u> | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebrovascular accident</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Amputation 1 yro ago anterior tibia</u> | | | | 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 type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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. Month, Day, Year _____ | | 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 _____ | | 20g. COUNTY _____ | | 20h. STATE _____ | | | |
| 21. I attended the deceased from <u>July 1960</u> to <u>30 May 61</u> and last saw her <u>alive on 29 May 61</u> Death occurred at <u>9:40 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Neal Mason</u> | | | 22b. ADDRESS <u>M.D. Warrensburg, Missouri.</u> | | 22c. DATE SIGNED <u>5-31-61</u> | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>6-2-1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery,</u> | | 23d. LOCATION (City, town, or county) (State) <u>Tipton, Missouri.</u> | | |
| 24. FUNERAL DIRECTOR ADDRESS <u>The Brauningers, Warrensburg, Mo.</u> | | | 25. DATE RECD. BY LOCAL REG. <u>June 6, 1961</u> | | 26. REGISTRAR'S SIGNATURE <u>Savannah Butchfield</u> | | |

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

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 RAV B. Haminger

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.