

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037632  
STATE FILE NUMBER

Registration District No. 385 Primary Registration District No. 2099 Registrar's No. 82

**FILED NOV 13 1961**

1. PLACE OF DEATH a. COUNTY <u>LINN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LINN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BUCKLIN, MO.</u>		Length of stay in 1b <u>LIFE TIME</u>	c. CITY OR TOWN <u>BUCKLIN, MO.</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>"OWN HOME"</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>BUCKLIN, MO.</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>GEORGE STERLING FINNEY</u>			4. DATE OF DEATH Month Day Year <u>NOVEMBER 2, 1961</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>OCT. 15, 1884</u>
9. AGE (last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>17</u>	IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TEACHING AND PUBLIC WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SCHOOL TEACHER</u>	11. BIRTHPLACE (City and state or country) <u>LINN COUNTY, MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>JAMES FINNEY</u>	
13b. MOTHER'S MAIDEN NAME <u>CASSIE CRUSE</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. DORA FINNEY</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>*****</u>	17. INFORMANT Address <u>MRS. DORA FINNEY, BUCKLIN, MISSOURI</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>anoxemia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>7 mo</u>
Conditions, if any, which give rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>anemia</u>			
DUE TO (c) <u>Carcinoma of prostate &amp; Colon</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 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.)	
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	COUNTY STATE
21. I attended the deceased from <u>4-6-61</u> to <u>11-2-61</u> and last saw him alive on <u>11-2-61</u> Death occurred at <u>11:10 A.m</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) <u>R. A. Dunkelbeck D.O.</u>		22b. ADDRESS <u>Bucklin mo</u>	22c. DATE SIGNED <u>11-3-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>NOV. 4, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>PLEASANT VIEW CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>ST. CATHARINE, MISSOURI</u>
24. FUNERAL DIRECTOR ADDRESS <u>LARSON FUNERAL SERVICE, BUCKLIN, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>Nov. 3, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Anne Watson</u>

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

**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 E. A. Larson

Licensed Embalmer No. 4037

P. O. Address BUCKLIN, MISSOURI

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.