

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023187

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 480

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **FILED JUL 15 1963**

VS 300
Rev. 4/59

1 0109
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia			Length of stay in 1b 4 months		c. CITY OR TOWN Columbia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone County Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 109 Hitt St.	
3. NAME OF DECEASED (Type or print) GEORGIA			First Middle Last ANNA FINLEY		4. DATE OF DEATH Month July Day 10 Year 1963		
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-18-74	
9. AGE (last birthday) 89		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Schoolteacher				10b. KIND OF BUSINESS OR INDUSTRY Education		11. BIRTHPLACE (City and state or country) Greenville, Missouri	
12. CITIZEN OF WHAT COUNTRY USA							
13a. FATHER'S NAME John M. Finley				13b. MOTHER'S MAIDEN NAME Charlotte Ann Gant		14. NAME OF HUSBAND OR WIFE ---	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of No)				16. SOCIAL SECURITY NO.		17. INFORMANT Address Harry Finley Ft. Collins, Colorado	
18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Malaria Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic nephrosclerosis DUE TO (c) Generalized arteriosclerosis 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							INTERVAL BETWEEN ONSET AND DEATH 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 Month, Day, Year s.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 1957 to 10 July 63 and last saw her alive on 10 July 63 Death occurred at 5:30 P m on the date stated above, and to the best of my knowledge from the causes stated.							
22a. SIGNATURE (Degree or title) R.P. Adkinson MD				22b. ADDRESS Columbia, Mo.		22c. DATE SIGNED 11 July 63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-13-1963		23c. NAME OF CEMETERY OR CREMATORY Columbia, Cemetery		23d. LOCATION (City, town, or county) (State) Columbia, Missouri	
24. FUNERAL DIRECTOR ADDRESS Parkers Funeral Service Columbia, Mo.				25. DATE RECD. BY LOCAL REG. July 12 1963		26. REGISTRAR'S SIGNATURE Mrs R.E. Palmex	

USE BLACK INK OR TYPEWRITER RIBBON

