

FILED OCT 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32762
47
State File No.

BIRTH NO. 54557-49 REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4376 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milan</u> /		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pollock</u> <u>Rural</u>	
c. LENGTH OF STAY (in this place) <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>Jackson Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Simpson</u> <u>116</u>			

3. NAME OF DECEASED a. (First) <u>Hester</u> b. (Middle) <u>Lee</u> c. (Last) <u>Finley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-14-1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>8-29-1949</u>	9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Milan - Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>

13a. FATHER'S NAME <u>George A. Finley</u>	13b. MOTHER'S MAIDEN NAME <u>Hester Kirtell</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>George Finley</u>	ADDRESS <u>Pollock - Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Septicemia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		148X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 9-12, 1949, to 9-14, 1949, that I last saw the deceased alive on 9-14, 1949, and that death occurred at 10 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ed Simpson M.D.</u>	23b. ADDRESS <u>Milan</u>	23c. DATE SIGNED <u>9-14-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>9-16-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BeardsTown Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Milan Mo</u>
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DATE REC'D BY LOCAL REG. <u>Sept 29-1949</u>	REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u>	320	25. FUNERAL DIRECTOR'S SIGNATURE <u>Schoelle</u>	ADDRESS <u>Milan Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED OCT 31 1949
District Health Officer No. 10
District File Number 10-49-170
Date Filed OCT 3 1949

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.

Signed.....
Student Embalmer

Signed Dwight Belmont

Licensed Embalmer No. 2667

P. O. Address Milwaukee - Wis

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 this body is not embalmed, fact should be so stated above.