

FILED FEB 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3639

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 6225		Registrar's No. 10		
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>Washington Sup</u>		c. LENGTH OF STAY (In this place) <u>16 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Richards</u>		1080		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3</u>				d. STREET ADDRESS (If rural, give location) <u>Rural</u>				
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Grant</u>		b. (Middle) <u>-</u>		c. (Last) <u>Finney</u>		
4. DATE OF DEATH		(Month) <u>1-</u>		(Day) <u>29-</u>		(Year) <u>1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>10-12-1867</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>17</u>	IF UNDER 1 HR. Hours <u>-</u> Min. <u>-</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>West Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>Vernon</u>		
13a. FATHER'S NAME <u>Alfred Finney</u>			13b. MOTHER'S MAIDEN NAME <u>-</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Irue Lantry = Richards Mo</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerotic heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Arteriosclerosis</u> DUE TO (c) <u>-</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>-</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 Mos +</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>-</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____				
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>-</u>				
22. I hereby certify that I attended the deceased from <u>1-13-</u> , 19 <u>50</u> , to <u>1-29-</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1-29-</u> , 19 <u>50</u> , and that death occurred at <u>3-P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>J. R. Bunch M.D. U</u> (Degree or title)				23b. ADDRESS <u>State Hospital #3</u>		23c. DATE SIGNED <u>1-29-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 1, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rinehart Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Vernon County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Feb. 1, 1950</u>		REGISTRAR'S SIGNATURE <u>Kathryn H. Yancy</u> 331		25. FUNERAL DIRECTOR'S SIGNATURE <u>O. A. Cheney</u>		ADDRESS <u>Ft. Scott, Kan.</u>		

RECEIVED

District Health Officer No. 71

District File Number: 1-50-18

Date Filed 2-6-50

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
Student Embalmer

Signed *W. R. Chmura*

Licensed Embalmer No. 2612

P. O. Address Fort Scott, Kansas.

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.