

FILED JUN 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17515

Registrar's No. 32

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 4322

6500

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

1. PLACE OF DEATH a. COUNTY Mercer			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Mercer		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Princeton,		c. LENGTH OF STAY (If this place) About 3 hrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Harrison Twp. 0650		
d. FULL NAME OF HOSPITAL OR INSTITUTION Lambert Hospital			d. STREET ADDRESS (If rural, give location) 3 1/2 Miles S. E. of Cainsville, Mo.		

3. NAME OF DECEASED (Type or Print) a. (First) Joseph Walter	b. (Middle)	c. (Last) Finney	4. DATE OF DEATH (Month) (Day) (Year) May 10 1950		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 26 1901	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm owner	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Mercer Co., Missouri.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Joseph Finney	13b. MOTHER'S MAIDEN NAME Lucy Jane Hart	14. NAME OF HUSBAND OR WIFE Edna May Finney
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Edna May Finney	ADDRESS Gainsville, Mo.
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		4 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malignant Hypertension		6 months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			(332) X

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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> 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 **Dec. 1949**, to **May 10, 1950**, that I last saw the deceased alive on **May 10, 1950**, and that death occurred at **8:45 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. D. O	23b. ADDRESS Princeton, Missouri.	23c. DATE SIGNED May 11 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 12 1950	24c. NAME OF CEMETERY OR CREMATORY St. Paul Cemetery	24d. LOCATION (City, town, or county) (State) Mercer Co., Missouri.
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DATE REC'D BY LOCAL REG. 5-18-50	REGISTRAR'S SIGNATURE M. J. Nantz	393 Depo	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Cainsville, Mo.
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STATEMENT BY LICENSED EMBALMER

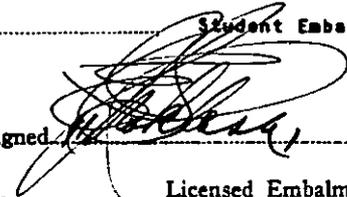
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, of Mo.

Eddie J. Stoklassa

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed 

Licensed Embalmer No. 3602

P. O. Address Cainsville, 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 this body is not embalmed, fact should be so stated above.