

FILED JUL 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25796

BIRTH NO. _____		REG. DIST. NO. <u>340</u>		PRIMARY REG. DIST. NO. <u>3075</u>		Registrar's No. <u>61</u>	
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter</u>		1031	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>224 W. Stoddard</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Natalie</u>		b. (Middle) <u>Marie Seeger</u>		c. (Last) <u>Finley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 9, 1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 16, 1888</u>	
9. AGE (In years last birthday) <u>61</u>		10. UNDER 1 YEAR Months <u>6</u> Days <u>23</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Reinhold Seeger</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Bohnert</u>		14. NAME OF HUSBAND OR WIFE <u>G. M. Finley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>G. M. Finley, Dexter, 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>Cancer - inoperable</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Unknown</u> DUE TO (c) <u>Primary site of cancer was liver</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (Supp. report)				INTERVAL BETWEEN ONSET AND DEATH <u>approx. 7 years.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>July 2, 1950</u> , to <u>July 9, 1950</u> ; that I last saw the deceased alive on <u>July 9, 1950</u> , and that death occurred at <u>10:25 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James O. Cameron M.D.</u>				23b. ADDRESS <u>1499 Walnut Dexter Mo.</u>		23c. DATE SIGNED <u>7/19/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-11-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dexter</u>		24d. LOCATION (City, town, or county) (State) <u>Dexter, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-21-50</u>		REGISTRAR'S SIGNATURE <u>Nelma V. Jenkins</u>		1409 FUNERAL DIRECTOR'S SIGNATURE <u>Strickland-Rainey</u>		ADDRESS <u>Dexter, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 25 1950
District Health Office No. 6,

District File Number _____

Date Filed _____

STATEMENT BY LICENSED EMBALMER

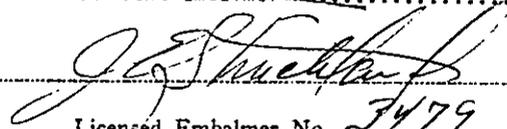
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

~~Student Embalmer No.~~ _____

Signed.....
Student Embalmer

Signed



Licensed Embalmer No. 3479

P. O. Address District 1110

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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