No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED NOV 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39555

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6138 Registrar's No. 94

1. PLACE OF DEATH
a. COUNTY: Shelby
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5 Mi E Bethel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Shelby 102
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
d. STREET ADDRESS (If rural, give location): 5 Mi. East of Bethel.

3. NAME OF DECEASED (Type or Print)
a. (First): Arminta
b. (Middle): Jane
c. (Last): Finney

4. DATE OF DEATH (Month) (Day) (Year): Nov 15 1950

5. SEX: F
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Jan 9. 1878
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 10, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rept House
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): Shelby Co. Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Davidson Finney
13b. MOTHER'S MAIDEN NAME: Jane Parks
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Hallie Finney — ADDRESS: Bethel Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage (Apoplexy) — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
3 31X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) Bethel RR. (COUNTY) Shelby (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE H. M. LeGrove M.D. (Degree or title)
23b. ADDRESS Shelbyville Mo.
23c. DATE SIGNED Nov. 24 50

24a. BURIAL, CREMATION, REMOVAL (Specify): Buried
24b. DATE: Nov. 17-1950
24c. NAME OF CEMETERY OR CREMATORY: Shiloh Cemetary
24d. LOCATION (City, town, or county) Shelby Co (State) Mo.

DATE REC'D BY LOCAL REG.: 11-24-50
REGISTRAR'S SIGNATURE: Ada Garrison 419
25. FUNERAL DIRECTOR'S SIGNATURE: W. Musgrove — ADDRESS: Bethel Mo.

(Licensed Embalmer's Statement on Reverse Side)

Date Received: NOV 27 1950
DISTRICT HEALTH OFFICE #2
District File Number 11-50-2
Date Filed: NOV 28 1950

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 [illegible]

Licensed Embalmer No. 2719

P. O. Address Bethel 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.