

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41612

State File No. _____

FILED JAN 6 1951

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5837 Registrar's No. 138

0730
1

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

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u> c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WEST BENTON TWP.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u> 0730 d. STREET ADDRESS (If rural, give location) <u>NEOSHO R.F.D. #2</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>VESTA</u> b. (Middle) <u>RUTH</u> c. (Last) <u>FINLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 23. 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>JULY 4. 1893</u>
9. AGE (In years last birthday) <u>57</u> IF UNDER 1 YEAR: Months <u>5</u> Days <u>19</u> Hours _____ Mins. _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (State or foreign country) <u>MONETT MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>JAMES GILLILLAN</u>	
13b. MOTHER'S MAIDEN NAME <u>SARAH WILHELM.</u>		14. NAME OF HUSBAND OR WIFE <u>LEONARD FINLEY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>LEONARD FINLEY</u>		ADDRESS <u>NEOSHO MO. R#2.</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>Decompensated Heart Disease</u> ANCECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4343	
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)	
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>12-21-1950</u> to <u>12-23, 1950</u>, that I last saw the deceased alive on <u>12-23, 1950</u>, and that death occurred at <u>8:30 P.m.</u>, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Paul C Davis M.D.</u>		23b. ADDRESS <u>Neosho, Mo.</u>	
23c. DATE SIGNED <u>12-30-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	
24b. DATE <u>12-26-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WICKITA KANSAS</u>	
24d. LOCATION (City, town, or county) (State) <u>WICKITA KANSAS</u>		DATE REC'D BY LOCAL REG. <u>Dec. 30, 1950</u>	
REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carley Thompson</u>	
ADDRESS <u>223</u>		ADDRESS <u>Neosho Mo</u>	

RECEIVED

District Health Officer No. Newman Co. H D
District File Number 151-14
Date Filed 1/4/51

JAN 18 1951

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 _____

Corley Thompson Jr. Student Embalmer No. 384
working under my personal supervision.

Student Corley Thompson Jr.
Student Embalmer

Signed Corley Thompson Jr.
Licensed Embalmer No. 3259
P. O. Address Neosho 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.