

FILED APR 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11466**

BIRTH NO. _____ REG. DIST. NO. **13** PRIMARY REG. DIST. NO. **3003** Registrar's No. **23**

5051

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

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett	
c. LENGTH OF STAY (In this place) 33 Years		d. STREET ADDRESS (If rural, give location) 500 Frisco	
d. FULL NAME OF HOSPITAL OR INSTITUTION 500 Frisco			

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Washington c. (Last) Finn			4. DATE OF DEATH (Month) (Day) (Year) April 7 1951		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Feb. 7, 1863		9. AGE (In years last birthday) 88		10. IF UNDER 1 YEAR Months 2 Days 0	
11. BIRTHPLACE (State or foreign country) Frankfort, Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Banker		10b. KIND OF BUSINESS OR INDUSTRY			

13a. FATHER'S NAME Alfred Finn		13b. MOTHER'S MAIDEN NAME Elizabeth Hogan		14. NAME OF HUSBAND OR WIFE Luta E. Finn	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. V. A. Willey Monett, 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) Stroke Paralysis right side 3 days		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. 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) 334X	
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 **3-6-1951**, to **4-7-1951**, that I last saw the deceased alive on **4-7-1951**, and that death occurred at **3:03 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS Monett, Mo.		23c. DATE SIGNED 4-9-1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-9-1951		24c. NAME OF CEMETERY OR CREMATORY Seligman Cemetery	
24d. LOCATION (City, town, or county) (State) Seligman Missouri		25. FUNERAL DIRECTOR'S SIGNATURE W. M. West ADDRESS MERCER FUNERAL HOME Monett, Mo.			
DATE REC'D BY LOCAL REG. 4-9-51		REGISTRAR'S SIGNATURE W. M. West			

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. E. Scott Field

RECEIVED APR 23 1951

Dist. File 437-828

Date Filed 4-24-51

APR 30 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.....

working under my personal supervision:

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Roy H. Mercer

Licensed Embalmer No. 4432

P. O. Address Monett, 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.