

29750

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 8 1951

Registrar's No. 57

BIRTH NO. _____		REG. DIST. NO. <u>66</u>		PRIMARY REG. DIST. NO. <u>5257</u>		Registrar's No. <u>57</u>		
1. PLACE OF DEATH a. COUNTY <u>Chariton</u>				2. USUAL RESIDENCE* (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Yellow Creek</u>				c. LENGTH OF STAY (in this place) <u>39 Yrs</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Yellow Creek Twp</u>				
				d. STREET ADDRESS (If rural, give location) <u>Southwest of Marceline, MO</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Addie</u>			b. (Middle) <u>M</u>		c. (Last) <u>Finlay</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 27, 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 1, 1869</u>		9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>26</u>	IF UNDER 14 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of this life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Ontario, Canada</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John C. Bailey</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Higginbotham</u>		14. NAME OF HUSBAND OR WIFE <u>Jay Finlay</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, state unknown) (If yes, state year or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jay Finlay, Marceline, 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>Adeno. Carcinoma of Right breast</u> ANTECEDENT CAUSES Morbidity 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. <u>Congestive Heart Disease</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 years</u> <u>2. mo. y.</u>	
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) _____				
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>Sept 10, 1950</u> , to <u>Sept 26, 1951</u> , that I last saw the deceased alive on <u>Sept 26, 1951</u> , and that death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Roy R. Haley, M.D.</u> (Degree or title)				23b. ADDRESS <u>0 Brookfield, Mo</u>		23c. DATE SIGNED <u>9-26-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/30/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rosehill</u>		24d. LOCATION (City, town, or county) (State) <u>Brookfield, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Sept 29-51</u>		REGISTRAR'S SIGNATURE <u>MAUD WRIGHT</u> <u>458</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James McLaughlin Marceline, Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

NOV 2 1961

Date Received: OCT 6 1961
DISTRICT HEALTH OFFICE #2
District File Number 10-51-1766
Date Filed: OCT 6 1961

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 George W. Davolt

Signed _____
Student Embalmer

Licensed Embalmer No. 4799

P. O. Address Marceline, 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.