

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4141

State File No. _____
REGISTRATION No. 70

LED FEB 29 1952

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 4059

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neelyville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neelyville</u>	
c. LENGTH OF STAY (In this place) <u>49 years</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. FULL NAME OF HOSPITAL OR INSTITUTION	
3. NAME OF DECEASED a. (First) <u>Benjamin Franklin</u> b. (Middle) <u>Finnie</u> c. (Last) _____ (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 2, 1952</u>
5. SEX <u>Male</u> <input checked="" type="checkbox"/>	6. COLOR OR RACE <u>colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Mar. 15, 1848</u>
9. AGE (In years last birthday) <u>103</u>	10. MONTHS <u>11</u>	11. DAYS <u>2</u>	12. HOURS <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Duckhill Miss.</u>	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Finnie</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ben Finnie, Neelyville, Mo.</u> ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture Surgical Neck of Left femur</u> DUE TO (c) _____		<u>8 months</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>012</u>		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)	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>Jan. 13, 1952</u> to <u>Feb. 2, 1952</u> that I last saw the deceased alive on <u>Jan. 13, 1952</u> , and that death occurred at <u>9 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. L. Smith, D.O.</u> (Degree or title)		23b. ADDRESS <u>Neelyville, Mo.</u>	23c. DATE SIGNED <u>Feb. 6, 1952</u>
24a. BURIAL OR CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 7, 1952</u>	24c. NAME OF CEMETERY OR OREMATOR <u>Neelyville</u>	24d. LOCATION (City, town, or county) (State) <u>Butler Co., Mo.</u>
DATE REC'D BY LOCAL REG. <u>Feb. 18 1952</u>	REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> <u>428</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gish Funeral Home Naylor, Mo.</u> ADDRESS	

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

#720

RECEIVED
FEB 26 1952

BUTLER CO. HEALTH CENTER

FILE No. 252-98

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 Bryan McCord

Licensed Embalmer No. 4079

P. O. Address May for me

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.