S. No. 300
. 10.48

FILED SEP 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33942

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6147 Registrar's No. 68

1. PLACE OF DEATH
a. COUNTY: Shelby County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Tiger twp
c. LENGTH OF STAY (in this place): 3 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Shelby.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural. Tiger
d. STREET ADDRESS (If rural, give location): 1020

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

4. DATE OF DEATH (Month) (Day) (Year): Sept 12-1952

5. SEX: M.
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Mar 14-1880
9. AGE (In years last birthday): 72 — If under 1 year: Months 5, Days 28 — If under 24 hrs.: Hours, Min.

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

13a. FATHER'S NAME: Davidson Finney
13b. MOTHER'S MAIDEN NAME: Jennie Parks.
14. NAME OF HUSBAND OR WIFE: ✓ Nellie Finney

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.: ✓ None
17. INFORMANT'S SIGNATURE OR NAME: ✓ Truman Finney 2708 Oak
ADDRESS: Quincy Ill.

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) 410 Caliber Sht gun Wound

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Wound entered Center Breast
DUE TO (c) Lacerating Heart

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Request Deemed Unnecessary

INTERVAL BETWEEN ONSET AND DEATH

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Tiger Fork Shelby Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9 12-1952 6:30 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Self Inflicted E976X

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: C W Musgrove 3 (Degree or title): Coroner
23b. ADDRESS: Bethel Mo
23c. DATE SIGNED: 9/13/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 14-1952
24c. NAME OF CEMETERY OR CREMATORY: Shiloh Cemetary
24d. LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG.: 9-16-52
REGISTRAR'S SIGNATURE: Ada Garrison 419
25. FUNERAL DIRECTOR'S SIGNATURE: ✓ C.W. Musgrove
ADDRESS: Bethel, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed _____

Signed _____
Student Embalmer

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.