

No. 300
10.48

FILED DEC 8 1952

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **39688**

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **365**

0204

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

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. LENGTH OF STAY (In this place) 40yrs	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		d. STREET ADDRESS (If rural, give location) 317 E. Jefferson	
d. FULL NAME OF HOSPITAL OR INSTITUTION 317 E. Jefferson, St			

3. NAME OF DECEASED (Type or Print) a. (First) Effie	b. (Middle) F	c. (Last) Finley	4. DATE OF DEATH (Month) (Day) (Year) Nov. 26, 1952
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5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 9, 1886	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Matron	10b. KIND OF BUSINESS OR INDUSTRY Missouri State Industrial Home	11. BIRTHPLACE (State or foreign country) Tipton, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Henry Crump	13b. MOTHER'S MAIDEN NAME Eliza Allen	14. NAME OF HUSBAND OR WIFE Fred Finley—(Deceased)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Jessie Stanley—Sedalia, Mo.	ADDRESS _____
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Unrec'd
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Generalized arteriosclerosis		
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. Hypertensive vascular disease		Unrec'd	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 4201
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **17 Feb, 1950**, to **26 Nov, 1952** that I last saw the deceased alive on **8 Nov 52, 1952**, and that death occurred at **12:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Carl D. [Signature] (Degree or title)	23b. ADDRESS 1214 West 18th St Sedalia, Mo.	23c. DATE SIGNED Dec 52
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24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE Dec. 2, 1952	24c. NAME OF CEMETERY OR CREMATORY Crown Hill Annex Cemetery	24d. LOCATION (City, town, or county) (State) Sedalia MO.
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DATE REC'D BY LOCAL REG. 12/2/1952	REGISTRAR'S SIGNATURE W. J. Campbell M.D.	25. FUNERAL DIRECTOR'S SIGNATURE James [Signature]	ADDRESS 400 W. Cooper St.
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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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....

J. Eric Alexander

Signed.....
Student Embalmer

Licensed Embalmer No. 4245

P. O. Address Sedalia 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.