

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **15063**

FILED MAY 5 1953

BIRTH NO. _____ REG. DIST. NO. **236** PRIMARY REG. DIST. NO. **4351** Registrar's No. **29**

1. PLACE OF DEATH a. COUNTY MORGAN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE Missouri b. COUNTY MORGAN	
b. CITY (If outside corporate limits, write RURAL and give township) BARNETT		c. LENGTH OF STAY (in this place) lifetime	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNETT		d. STREET ADDRESS (If rural, give location) BARNETT 0	

3. NAME OF DECEASED (Type or Print)	a. (First) Lulu	b. (Middle) ETHEL	c. (Last) FINLEY	4. DATE OF DEATH (Month) (Day) (Year) April-24-53
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 13 April-1896	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE-WIFE	10b. KIND OF BUSINESS OR INDUSTRY At-Home	11. BIRTHPLACE (State or foreign country) Camden-CO-MO	12. CITIZEN OF WHAT COUNTRY U.S.A
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13a. FATHER'S NAME John-Hibdon	13b. MOTHER'S MAIDEN NAME Sarah-James	14. NAME OF HUSBAND OR WIFE Edward-Finley
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If you give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Edward-Finley-Barnett	ADDRESS Barnett
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Carcinoma of breasts metastases to spine		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
	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 None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) L	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? None
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22. I hereby certify that I attended the deceased from **July 1950**, to **April 1953**, that I last saw the deceased alive on **April 24, 1953** and that death occurred at **5:10 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Jack Gunn M.D.	23b. ADDRESS Versailles-Mo	23c. DATE SIGNED 25 April-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 26 April-53	24c. NAME OF CEMETERY OR CREMATORY Hope Well	24d. LOCATION (City, town, or county) (State) MORGAN-CO-MO
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DATE REC'D BY LOCAL REG. 5-1-53	REGISTRAR'S SIGNATURE J.L. Washburn	25. FUNERAL DIRECTOR'S SIGNATURE Keith McKays	ADDRESS ELDON MO
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Perceived Kidney, respiratory Statement on Reverse Side

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

5710
1

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 *Faith M. Kaye* _____

Licensed Embalmer No. *3998* _____

P. O. Address *Edon 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.