

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **22429**

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 4408		Registrar's No. 204	
I. 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 Rural Smithton		c. LENGTH OF STAY (In this place) 60 yrs		c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN Rural 0800 Smithton			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Sealin R #5				d. STREET ADDRESS (If rural, give location) Sealin Mo R #5			
3. NAME OF DECEASED (Type or Print) James Lee Finley			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) June 11-53	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept 1 1866		9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 9 Days 10	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cable man & farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Morgan Co Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME James W. Finley		13b. MOTHER'S MAIDEN NAME Virginia Smith		14. NAME OF HUSBAND OR WIFE Anna (deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hubert Finley Sealin Mo			
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) Arteriosclerotic Gangrene, Rt. Leg. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis Generalized DUE TO (c)					
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) 4501			
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 Jan 1953 , to June 11, 1953 , that I last saw the deceased alive on June 10, 1953 , and that death occurred at 1:30 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) D. Osceola MD				23b. ADDRESS Smithton Mo		23c. DATE SIGNED June 12 53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 13-53	24c. NAME OF CEMETERY OR CREMATORY Smithton		24d. LOCATION (City, town, or county) (State) Smithton Mo		
DATE REC'D BY LOCAL REG. 6-25-53		REGISTRAR'S SIGNATURE A. G. Campbell MD		25. FUNERAL DIRECTOR'S SIGNATURE A. F. Nemeyer		ADDRESS Smithton Mo	

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.

Student
Student Embalmer

Signed *A. F. Neumeyer*

Licensed Embalmer No. 3912

P. O. Address *Smithton 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.