

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24451**  
Registrar's No. **658**

FILED JUL 20 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Springfield</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Burge Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>1505 N. Jefferson</b>	

3. NAME OF DECEASED (Type or Print) <b>Rose</b>	a. (First)	b. (Middle) <b>FINLEY</b>	c. (Last) <b>mack</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 14 1953</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb. 4 1893</b>	9. AGE (in years last birthday) <b>73</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. 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) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>James Y. Finley</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Stewart</b>	14. NAME OF HUSBAND OR WIFE <b>Widow</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>495-09-8683A</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Maude Knapper Spfld. Mo.</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pyelonephritis, Chronic</b>		
	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	19b. MAJOR FINDINGS OF OPERATION <b>6000</b>	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **July 14, 1953**, to **July 14, 1953**, that I last saw the deceased alive on **July 14, 1953**, and that death occurred at **10:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>L. Richard Webb, M.D.</b>	23b. ADDRESS <b>SPRINGFIELD, MO.</b>	23c. DATE SIGNED <b>7-14-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>7-16-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fairview Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Cherryvale Kansas</b>
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DATE REC'D BY LOCAL REG. <b>7-15-53</b>	REGISTRAR'S SIGNATURE <b>Edith Williamson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J.W. KLINGNER &amp; CO.</b>	ADDRESS <b>Springfield, Mo.</b>
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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 .....  
Signature of Student Embalmer

Signed *Max Thode* .....

Licensed Embalmer No. *40* .....

P. O. Address *Springfield* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.