

FILED NOV 2-1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37971

BIRTH NO.		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 6083		Registrar's No. 303	
1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nelson, Mo.		c. LENGTH OF STAY (in this place) All His Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nelson		0970	
d. FULL NAME OF HOSPITAL OR INSTITUTION West Part of Nelson, Mo. No Street Address				d. STREET ADDRESS (If rural, give location) West Part of Nelson, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) Reed			b. (Middle) Bailey		c. (Last) Finley		4. DATE OF DEATH (Month) (Day) (Year) Oct. 29 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Mar. 16-1874		9. AGE (In years last birthday) 79	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor-Carpenter Work		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Nelson, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John P. Finley			13b. MOTHER'S MAIDEN NAME Margaret Crockett		14. NAME OF HUSBAND OR WIFE Mrs. E.A. Pickering-Nelson, Mo.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. E.A. Pickering-Nelson, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aortic Incomptency							
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.							
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) Glomerulonephritis							
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				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)		592X	
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 Oct 11, 1953 , to Oct 29, 1953 , that I last saw the deceased alive on Oct 29, 1953 , and that death occurred at 10:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John M. Deitch, D.O.				23b. ADDRESS Houstonia, Mo.		23c. DATE SIGNED 10-31-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/31/53		24c. NAME OF CEMETERY OR CREMATORY Nelson Cemetery		24d. LOCATION (City, town, or county) (State) Nelson, Missouri	
DATE REC'D BY LOCAL REG. 10-31-1953		REGISTRAR'S SIGNATURE Edmund J. Froese		25. FUNERAL DIRECTOR'S SIGNATURE J. Leslie Swamy		ADDRESS Marion, Mo.	

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed J. Leslie Swamy

Licensed Embalmer No. 2235

P. O. Address Marshall, 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.