

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43660**

FILED JAN 4 1954

BIRTH NO. _____		REG. DIST. NO. 212		PRIMARY REG. DIST. NO. 3044		Registrar's No. 61	
1. PLACE OF DEATH a. COUNTY MILLER				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE MISSOURI b. COUNTY MILLER			
b. CITY OR TOWN ELDON		c. LENGTH OF STAY (In this place) 28 YRS		c. CITY OR TOWN ELDON		0666	
d. FULL NAME OF HOSPITAL OR INSTITUTION 213 West - 7th St				d. STREET ADDRESS (If rural, give location) 213 West - 7th St			
3. NAME OF DECEASED (Type or Print) WILLIAM		a. (First)		b. (Middle) ELVIN		c. (Last) FINLEY	
4. DATE OF DEATH Dec-21 1953		(Month) (Day) (Year)		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 20 Aug 1885		9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Presser		10b. KIND OF BUSINESS OR INDUSTRY PANT-FACTORY		11. BIRTHPLACE (State or foreign country) MORGAN-Co-Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME CHRISTAIN-H-FINLEY		13b. MOTHER'S MAIDEN NAME Josephine-MOORE		14. NAME OF HUSBAND OR WIFE MAGGIE-FINLEY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Maggie-Finley		ADDRESS ELDON	
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) Cerebral Haemorrhage ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis & hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION NONE				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.) NONE		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NONE		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		22. I hereby certify that I attended the deceased from 1950 , to Dec 21, 1953 , that I last saw the deceased alive on Dec 21, 1953 , and that death occurred at 3:25 P m., from the causes and on the date stated above.			
23a. SIGNATURE E. O. Shelton		(Degree or title) M.D.		23b. ADDRESS ELDON, MO		23c. DATE SIGNED 23 Dec 53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 23 Dec 53		24c. NAME OF CEMETERY OR CREMATORY VERSAILLES		24d. LOCATION (City, town, or county) (State) VERSAILLES MO	
DATE REC'D BY LOCAL REG. Dec. 23, 1953		REGISTRAR'S SIGNATURE Alvonneta Walt		25. FUNERAL DIRECTOR'S SIGNATURE Keith McFays		ADDRESS ELDON 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

Keith McKays

Licensed Embalmer No.

3998

P. O. Address

Eldon 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.