No. 300
10.48

FILED APR 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11147

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 24

1. PLACE OF DEATH
a. COUNTY: Barton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lamar
c. LENGTH OF STAY (In this place): 85 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Barton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lamar
d. STREET ADDRESS (If rural, give location): 300 West 11th

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3. NAME OF DECEASED (Type or Print)
a. (First): ELIZABETH
b. (Middle): (NMI)
c. (Last): FINLEY

4. DATE OF DEATH (Month) (Day) (Year): April 11 1954

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb 24 1862
9. AGE (In years last birthday): 92 — If under 1 year: Months 1, Days 17 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Versailles, Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: John George Miller
13b. MOTHER'S MAIDEN NAME: Pauline Augusta Hetzel
14. NAME OF HUSBAND OR WIFE: S. P. Finley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): XXX
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Fay Knight, Lamar, Missouri

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3-4 Days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebral Hemorrhage — Mar 25, 1954
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: 331X
20. AUTOPSY? YES ☐ NO ☒

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19 46, *to* April 11, 19 54, *that I last saw the deceased alive on* April 11, 19 54, *and that death occurred at* 8:48a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jean T. Bickel, M.D.
23b. ADDRESS: Lamar, Missouri
23c. DATE SIGNED: Apr. 13, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Apr 13 1954
24c. NAME OF CEMETERY OR CREMATORY: Lake Cemetery
24d. LOCATION (City, town, or county) (State): Lamar, Missouri

DATE REC'D BY LOCAL REG.: APR 13 1954
REGISTRAR'S SIGNATURE: Marie Konantz
14-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Konantz Funeral Home, Lamar, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.