

FILED APR 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12691**

BIRTH NO. _____ REG. DIST. NO. **225** PRIMARY REG. DIST. NO. **4335** Registrar's No. **6**

1. PLACE OF DEATH a. COUNTY Moniteau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tipton		c. LENGTH OF STAY (In this place) Life		c. CITY OR TOWN Tipton	
d. FULL NAME OF HOSPITAL OR INSTITUTION No street numbers		e. STREET ADDRESS (If rural, give location) No street numbers			

3. NAME OF DECEASED (Type or Print) a. (First) Alfred			b. (Middle) Lee			c. (Last) Finley			4. DATE OF DEATH (Month) (Day) (Year) April, 20, 1955				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH February, 24, 1875		9. AGE (In years Last birthday) 80		10. IF UNDER 1 YEAR Days		11. IF UNDER 6 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman				10b. KIND OF BUSINESS OR INDUSTRY Grain				11. BIRTHPLACE (City and State or Foreign Country) Tipton, Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Ben Finley			13b. MOTHER'S MAIDEN NAME Sally Buzan			14. NAME OF HUSBAND OR WIFE Hattie 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 Hattie Finley (wife)			ADDRESS Tipton, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis								INTERVAL BETWEEN ONSET AND DEATH 2 Days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary insufficiency									
		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) 4201				
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 **4-19, 1955**, to **4-20, 1955**, that I last saw the deceased alive on **4-19, 1955**, and that death occurred at **3 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)			23b. ADDRESS Tipton, Mo			23c. DATE SIGNED 4-20-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April, 23, 1955		24c. NAME OF CEMETERY OR CREMATORY Masonic		24d. LOCATION (City, town, or county) (State) Tipton, Missouri		

DATE REC'D BY LOCAL REG. Apr. 22-55		REGISTRAR'S SIGNATURE Mrs. Maude Hudson		25. FURNERAL DIRECTOR'S SIGNATURE Jessie E. Richards		ADDRESS Tipton Mo	
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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.....
Signature of Student Embalmer

Signed *Jewell E. Richardson*
Licensed Embalmer No. *2464*

P. O. Address *Tipton*

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.