

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17662

State File No. _____

FILED JUL 8 - 1955

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett		c. CITY OR TOWN Monett	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 3 Days		e. STREET ADDRESS (If rural, give location) 904 5th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Vincent Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) ALICE c. (Last) FINN			4. DATE OF DEATH (Month) (Day) (Year) July 1, 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 28, 1875	9. AGE (In years last birthday) 80	# UNDER 1 YEAR Months 2 Days 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (City and State or Foreign Country) Washburn, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Scott		13b. MOTHER'S MAIDEN NAME Molly Hogan		14. NAME OF HUSBAND OR WIFE Ulysses E. Finn (decd)	
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 Ark. ADDRESS Mrs. Raymond Hulsey, Fayetteville	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH 5 yrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis		DUE TO (c) 4200		?	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chr Pyelitis & Choleliths				?	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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 Jan 1, 1952 to July 1, 1955, that I last saw the deceased alive on July 1, 1955, and that death occurred at 9:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE F. L. Edwards (Degree or title) M.D.		23b. ADDRESS Monett, Mo.		23c. DATE SIGNED 7-2-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/3/55		24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery	
				24d. LOCATION (City, town, or county) (State) Barry County, Mo.	

DATE REC'D BY LOCAL REG. 7-2-55		REGISTRAR'S SIGNATURE Mrs. P. N. Cook ⁵¹³		25. FUNERAL DIRECTOR'S SIGNATURE J. P. Buchanan ADDRESS Monett, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 755-287

DATE REC. 7-7-55

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 *J. D. Buchanan*

Licensed Embalmer No. 314

P. O. Address *Monett*

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.