

FILED NOV 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35934

State File No.

BIRTH NO. _____ REG. DIST. NO. 22 PRIMARY REG. DIST. NO. 5712 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rueal, Near Laflin Mo.</u>		c. CITY OR TOWN <u>Laflin Mo.</u>	
c. LENGTH OF STAY (in this place) <u>75 yr</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>His Home and Office</u>		STREET ADDRESS (If rural, give location) <u>Rural</u>	

3. NAME OF DECEASED a. (First) <u>John</u>	b. (Middle) <u>Marshall</u>	c. (Last) <u>Finney</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 5 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 13, 1879</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>22</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Doctor of Medicine</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Medicine</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Laflin Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>John Finney</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Manning</u>	14. NAME OF HUSBAND OR WIFE <u>Rosa Finney</u>	<u>Farmington Mo.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Cline Ford</u>	ADDRESS <u>Whitewater Mo</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Body Completely Burned only</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Small portion of bone</u>		
	DUE TO (c) <u>Structure remained - no</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Witensius 9160</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>16</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE? (Specify) <u>APPARENTLY ACCIDENT</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home-office</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>009</u>
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21d. TIME OF INJURY (Month) (Day) (Year) <u>Nov-5-1955</u>	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK? <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Undetermined</u>
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22. I hereby certify that I attended the deceased from 0830 on Nov 5, 1955, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Gene Ward-Coroner</u>	23b. ADDRESS <u>Subville Mo</u>	23c. DATE SIGNED <u>11-11-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 7 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo.</u>
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DATE REC'D BY LOCAL REG <u>Nov 19 1955</u>	REGISTRAR'S SIGNATURE <u>Mrs. Buford Crider</u>	5-200	25. FUNERAL DIRECTOR'S SIGNATURE <u>Brady P. Howell-Estes</u>	ADDRESS <u>Cape Girardeau Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

290

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 ~~Body burned--Packed in Harding Compound~~....., Student Embalmer No.....
~~Placed in Sealer.~~
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W. H. Eotus*.....

Licensed Embalmer No. *352*

P. O. Address *Cape Girardeau, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.