

FILED JAN 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2388**
HA

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY **Randolph**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution.)
a. STATE **Missouri** b. COUNTY **Randolph**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Moberly**

c. CITY OR TOWN **Moberly**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Whitaker Hospital**

e. STREET ADDRESS (If rural, give location) **1200 Myra St.**

3. NAME OF DECEASED
a. (First) **Charles** b. (Middle) **Wilson** c. (Last) **Finnell**

4. DATE OF DEATH (Month) (Day) (Year) **1 - 3 - 1956**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **Feb. 29, 1868**

9. AGE (In years last birthday) **87** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Carpentering**

10b. KIND OF BUSINESS OR INDUSTRY **Carpenter**

11. BIRTHPLACE (City and State or Foreign Country) **Howard Co., Missouri**

12. CITIZENSHIP OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **James Finnell**

13b. MOTHER'S MAIDEN NAME **Janie Woods**

14. NAME OF HUSBAND OR WIFE **Nannie Burge**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no**

16. SOCIAL SECURITY NO. **none**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Jewel Crismond 1200 Myra, Moberly**

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) **Influenzial pneumonia**
ANTECEDENT CAUSES (b) **broken left hip.**
DUE TO (c) **asthma.**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **480XF**

INTERVAL BETWEEN ONSET AND DEATH **4 days**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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) (Minute)

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 **Dec. 7, 1955** to **Jan. 3, 1956**, that I last saw the deceased alive on **Jan 3, 1956** and that death occurred at **6:10 P.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Gladys Meala MD**

23b. ADDRESS **Moberly, Missouri**

23c. DATE SIGNED **1-5-56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **1/5/56**

24c. NAME OF CEMETERY OR CREMATORY **Oakland**

24d. LOCATION (City, town, or county) (State) **Moberly, Mo.**

DATE REC'D BY LOCAL REG. **1-5-56**

REGISTRAR'S SIGNATURE **Seamus Lowe 269**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Fred A. Thompson, Madison, 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.....
Signature of Student Embalmer

Signed *Mrs. Freda Keany*.....

Licensed Embalmer No. *32*.....

P. O. Address *Madison*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.