

Health, Welfare, Public Services, 300-56, All symptoms must be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

FILED DEC 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37044

STATE FILE NUMBER

Registration District No. 37 Primary Registration District No. 4049 Registrar's No. 44

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| 1. PLACE OF DEATH a. COUNTY Boone | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Centralia | | c. CITY OR TOWN Sturgeon | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hulen Nursing Home | | d. STREET ADDRESS (If outside, give location) RFD 1 | |
| Length of stay in lb 13 d | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First Middle Last Charles Christopher Finlay | | | 4. DATE OF DEATH Month Day Year Nov 29 1956 | | |
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| 5. SEX Male | 6. COLOR OR RACE Caucasian | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH March 11, 1871 | 9. AGE (In years last birthday) 85 | IF UNDER 1 YEAR Months 8 Days 18 | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Agriculture | 11. BIRTHPLACE (City and state or country) Boone County, Mo. | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13. FATHER'S NAME John W. Finlay | 14. MOTHER'S MAIDEN NAME Maria Kent |
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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) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT Address Walter Finlay, Rte 1, Sturgeon Mo |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage | | INTERVAL BETWEEN ONSET AND DEATH 3 weeks |
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| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Hypertension | 331 X | Interval between onset and death Unknown |
| | DUE TO (c) Unknown | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Prostatectomy 1 mo ago | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |
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| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
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| 21. I attended the deceased from Oct 1 or to Nov 29 and last saw her alive on Nov 10. Death occurred at unknown m on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) James C. Cope MD | 22b. ADDRESS Columbia Mo. | 22c. DATE SIGNED Dec 3 '56 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Dec. 1, 1956 | 23c. NAME OF CEMETERY OR CREMATORY Locust Grove | 23d. LOCATION (City, town, or county) (State) S. W. Sturgeon, Mo. |
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| 24. FUNERAL DIRECTOR ADDRESS Bill C. Meador Centralia Mo. | 25. DATE RECD. BY LOCAL REG. Dec 6 - 1956 | 26. REGISTRAR'S SIGNATURE Maud M. E. Bride |
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Richard A. Norton Student Embalmer No. 5
working under my personal supervision..

Student Richard A. Norton
Signature of Student Embalmer

Signed Bill J. Medina
Licensed Embalmer No. 4

P. O. Address Central

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.