

Health, Welfare, Public Service  
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THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

FILED JAN 7 1957

42156  
 STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 469

1. PLACE OF DEATH a. COUNTY <u>Marion</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>		
b. CITY (If outside corporate limits; give TOWNSHIP only) OR TOWN <u>Hannibal</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Shelbina</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Elizabeth</u>		Length of stay in lb <u>13 Days</u>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Evans</u> Last <u>Finney</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>23</u> Year <u>1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED KK</u> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 30, 1898</u>	9. AGE (In years last birthday) <u>58</u> IF UNDER 1 YEAR: Months <u>58</u> Days <u>58</u> Hours <u>58</u> Min. <u>58</u> IF UNDER 24 HRS. <u>58</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	11. BIRTHPLACE (City and state or country) <u>Shelby County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Joseph C. Finney</u>			14. MOTHER'S MAIDEN NAME <u>Katherine Evans</u>		
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>486-14-5470</u>	17. INFORMANT Address <u>Mrs. Barney Snider, Lakenan, Mo.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia right lower lobe</u> DUE TO (b) <u>Chronic Valvular Heart Disease</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4214</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>30 years</u> 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
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.)			
20c. TIME OF INJURY Hour _____ 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	
21. I attended the deceased from <u>12-10-56</u> to <u>12-23-56</u> and last saw her/him alive on <u>12-23-56</u> Death occurred at <u>2:50</u> <u>12</u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>H. L. Green</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>100 N. Sixth, Hannibal, Mo.</u>		22c. DATE SIGNED <u>12-28-56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12/26/56</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>	
24. FUNERAL DIRECTOR <u>Hayes Funeral Home, Shelbina, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1/3/57</u>		26. REGISTRAR'S SIGNATURE <u>H. C. Fisher</u>	
23d. LOCATION (City, town, or county) <u>Shelbina, Missouri</u>		23e. (State)			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED JAN 5 1957  
MARIGN CO. HEALTH DEPT.  
DATE FILED JAN 5 1957

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 *Paul E. Hayes*.....

Licensed Embalmer No. .... 44

P. O. Address Shelbina,

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.