

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 4 1957

BIRTH NO. _____ REG. DIST. NO. **55** PRIMARY REG. DIST. NO. **3011** Registrar's No. **8**

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carrollton		c. CITY OR TOWN Carrollton	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 302 N. Virginia Street.	
d. FULL NAME OF HOSPITAL OR INSTITUTION South Folger St. Smith's Super Market			

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Bishop	c. (Last) Finley.	4. DATE OF DEATH (Month) (Day) (Year) 1- 25- 1957
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5. SEX <input checked="" type="checkbox"/> Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 14, 1876	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Work		10b. KIND OF BUSINESS OR INDUSTRY Agent (Bosworth)		11. BIRTHPLACE (City and State or Foreign Country) Audrane County.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Thomas A. Finley.	13b. MOTHER'S MAIDEN NAME Susanne Keeper	14. NAME OF HUSBAND OR WIFE Ella Leta Finley
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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. No	17. INFORMANT'S SIGNATURE OR NAME Ella Leta Finley (Carrollton Mo.)	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 min
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) auricular fibrillation DUE TO (c) arteriosclerotic ht. disease		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **9 AM 19 57 to 25 Jan 1957** that I last saw the deceased alive on **20 Jan 1957**, and that death occurred at **5 p m.**, from the causes and on the date stated above.

23a. SIGNATURE E. W. Allen (Degree or title)	23b. ADDRESS Carrollton Mo	23c. DATE SIGNED 28 Jan 57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1- 28-57	24c. NAME OF CEMETERY OR CREMATORY Wellsville Cemetery, Wellsville	24d. LOCATION (City, town, or county) (State) Mo.
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DATE REC'D BY LOCAL REG. 1-28-57	REGISTRAR'S SIGNATURE Mr Herbert Calver	25. FUNERAL DIRECTOR'S SIGNATURE Marshall E. Home	ADDRESS (Carrollton Mo.)
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

45. 0

1951 MAR 7 L. W. W.

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.....
R. M. Marshall

Licensed Embalmer No. *252*

P. O. Address *Carroll A*

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.