

FILED AUG 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30860

STATE FILE NUMBER

Registration District No. 379 Primary Registration District No. 6185 Registrar's No. 34

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| 1. PLACE OF DEATH a. COUNTY Wright | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Wright | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Mountain Grove Township | | c. CITY OR TOWN Mountain Grove Twp 114 | |
| c. FULL NAME OF (If NOT in hospital, give location) INSTITUTION R.F.D. # 3 | | d. STREET ADDRESS R.F.D. # 3 | |
| 3. NAME OF DECEASED (Type or print) Jason Hugh Finley | | 4. DATE OF DEATH July 13, 1957 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH March 12, 1881 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 13. FATHER'S NAME George C. Finley | | 14. MOTHER'S MAIDEN NAME Martha Caudle | |
| 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. 494-01-7259 | |
| 17. INFORMANT George Finley | | Address Springfield, Missouri | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro-Vascular Accident DUE TO (b) Generalized Arteriosclerosis 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) 331x | | | INTERVAL BETWEEN ONSET AND DEATH 24 hrs. |
| 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. Month _____ Day _____ Year _____ | | | |
| 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 April 57 to July 13 - 57 and last saw her/him alive on July 13 - 57 . Death occurred at 8:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Richard L. Mitchell | | 22b. ADDRESS Mountain Grove, Mo. | |
| 22c. DATE SIGNED 8-5-57 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE July 16, 1957 | |
| 23c. NAME OF CEMETERY OR CREMATORY Caudle Cemetery | | 23d. LOCATION (City, town, or county) (State) Norwood, Missouri | |
| 24. FUNERAL DIRECTOR R.W. Barber | | ADDRESS Mountain Grove, Missouri | |
| 25. DATE RECD. BY LOCAL REG. 8-12-57 | | 26. REGISTRAR'S SIGNATURE A. B. Jones | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

