

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019209
STATE FILE NUMBER

FILED JUN 9 1958 Registration District No. 274 Primary Registration District No. 2052 Registrar's No. 254

GILLESPIE FUNERAL HOME

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | |
|---|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY Pettis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia | | c. CITY OR TOWN Sedalia 080th0 | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital | | d. STREET ADDRESS (If outside, give location) 1509 S. Missouri | |
| Length of stay in lb 56 yrs | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last WALKER H. FINLEY | | | 4. DATE OF DEATH Month Day Year June 4, 1958 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Dec. 3, 1883 |
| 9. AGE (In years last birthday) 74 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 11. BIRTHPLACE (City and state or country) Saline County, Missouri |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME William Finley | | 13b. MOTHER'S MAIDEN NAME Mary Lakin | 14. NAME OF HUSBAND OR WIFE Mrs. Marie Dotson Finley |
| 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. Not Given | 17. INFORMANT Address Mrs. Marie Finley, Sedalia, 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) Arteriosclerotic Heart Disease | | | INTERVAL BETWEEN ONSET AND DEATH 4 yrs |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) Diabetes Mellitus 4200 | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Month, Day, Year p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 1954 to June 4, 1958 and last saw him alive on June 3, 1958 Death occurred at 3 AM on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Name or title) David F. Edwards M.D. | | 22b. ADDRESS Sedalia Mo | |
| 22c. DATE SIGNED 4 June 58 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE June 8, 1958 | |
| 23c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery | | 23d. LOCATION (City, town, or county) (State) Sedalia, Missouri | |
| 24. FUNERAL DIRECTOR ADDRESS D. W. Heckart, Sedalia, Missouri | | 25. DATE RECD. BY LOCAL REG. June 5-1958 | |
| | | 26. REGISTRAR'S SIGNATURE Frances Shelby | |

JUN 18 1958

JUN 25 1959
S.M.

JUL 21 1958

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. 9-779 working under my personal supervision.

Student *Robert L. Hagg*
Signature of Student Embalmer

Signed *Elmer Keckart*

Licensed Embalmer No. 3470
P. O. Address Sedalia, Mo

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.