

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. OCT 29 1959 **378**

4552

37.

59-038738

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

EXTENDED
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY WRIGHT			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY WRIGHT		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MTN. GROVE		Length of stay in 1b 10 YRS	c. CITY OR TOWN MTN. GROVE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 103 WALL ST.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 103 WALL ST	
3. NAME OF DECEASED (Type or print) First MARY Middle E. Last FINLEY			4. DATE OF DEATH OCT. 16 - 59 Month Day Year		
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-8-1871	9. AGE (last birthday) 87	IF UNDER 1 YEAR IF UNDER 24 HR Months 10 Days 8 Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY SAME	11. BIRTHPLACE (City and state or country) NORWOOD MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME JAMES F. CALHOUN		13b. MOTHER'S MAIDEN NAME LUCINDA HELUMS		14. NAME OF HUSBAND OR WIFE M. S. FINLEY MO	
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. ←		17. INFORMANT Address Clyde Barber Mtn. Grove	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio Sclerotic Heart Disease					INTERVAL BETWEEN ONSET AND DEATH 174 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Haemorrhage					
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.		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 Oct 1 - 1959 to Oct 10 1959 and last saw her <u>alive</u> on Oct 12 1959 Death occurred at 3:00 A.M. A m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE [Signature] (Degree or title) MD			22b. ADDRESS [Address]		22c. DATE SIGNED 10-16-1959
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE Oct. 18-59	23c. NAME OF CEMETERY OR CREMATORY THOMAS CEMETERY NORWOOD		23d. LOCATION (City, town, or county) (State) MO.
24. FUNERAL DIRECTOR ADDRESS BARBER F. HOME MTN. GROVE 10-19-59			25. DATE RECD. BY LOCAL REG. 10-19-59		26. REGISTRAR'S SIGNATURE [Signature]

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed RW Barb

Licensed Embalmer No. 384

P. O. Address 7th St. 9A

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.