

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-002814

FILED VS FEB 1 1960

274

Registration District No. **274** Primary Registration District No. **3052**

Registrar's No. **37**

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY PETTIS b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WAMONTE Length of stay in lb 6 YRS c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY PETTIS c. CITY OR TOWN WAMONTE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 Middle Last JAMES MILFORD FINLEY			4. DATE OF DEATH Month Day Year 1-24-1960				
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 8-22-97	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE		11. BIRTHPLACE (City and state or country) FLORENCE Mo			
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME JOHN FINLEY		13b. MOTHER'S MAIDEN NAME BERTHA MITCHELL			
14. NAME OF HUSBAND OR WIFE MAYME PIPPIN		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. 500-03-7536			
17. INFORMANT Address Mrs. J. M. Finley WAMONTE Mo		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pulmonary Embolism DUE TO (b) Empyema of Left Bladder 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) Sub capital fracture of humerus.				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 s.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 Apr 159 to Jun '60 and last saw ^{her} him alive on 23 Jan '60 Death occurred at 10:20 P m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Paul Roberts, M.D.			22b. ADDRESS Good Springs, Mo.		22c. DATE SIGNED 1-24-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 1-26-60	23c. NAME OF CEMETERY OR CREMATORY WAMONTE CEMETERY		23d. LOCATION (City, town, or county) (State) WAMONTE Mo		
24. FUNERAL DIRECTOR ADDRESS Paul M. Moore da Monte Mo			25. DATE RECD. BY LOCAL REG. 1-25-1960		26. REGISTRAR'S SIGNATURE Frances Sheehy		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 10 1954

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 Paul M. Moore

Licensed Embalmer No. 3923
P. O. Address La Monte 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.