

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

33 -60-004724

FILED VS FEB 10 1960 333

Registration District No. _____ Primary Registration District No. 3074 Registrar's No. 34 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY MISS.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston		c. CITY OR TOWN EAST PRAIRIE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Community Hospital		d. STREET ADDRESS (If outside, give location) 108 W. CHESTNUT Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First HOWARD Middle LOGAN Last FINLEY			4. DATE OF DEATH Month 1 Day 26 Year 1960		
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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 2-15-1891	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY FARMER	11. BIRTHPLACE (City and state or country) BERTRAND, MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME HENRY L. FINLEY	13b. MOTHER'S MAIDEN NAME RACHEL FRANCIS LOGAN	14. NAME OF HUSBAND OR WIFE ANNIE R. 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) UNKNOWN	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT ANNIE FINLEY 108 W. CHESTNUT
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFARCT, ACUTE		INTERVAL BETWEEN ONSET AND DEATH 12 HRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) DIABETES MELLITUS	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
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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.)
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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 checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Sikeston, Mo.	COUNTY _____ STATE _____
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21. I attended the deceased from 1.26.60 to 1.26.60 and last saw her/him alive on 1.26.60 Death occurred at 6:20 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Carl G. Popp M.D. (Degree or title)	22b. ADDRESS Sikeston, Mo.	22c. DATE SIGNED 1.27.60
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1-29-60	23c. NAME OF CEMETERY OR CREMATORY W.O.W. CEMETERY	23d. LOCATION (City, town, or county) EAST PRAIRIE MO. (State)
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24. FUNERAL DIRECTOR TRAVIS SHELBY EAST PRAIRIE, MO. ADDRESS	25. DATE RECD. BY LOCAL REG. 2-3-'60	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 23 1961

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 Thomas J. Kelly, Jr.

Licensed Embalmer No. 4946

P. O. Address East Br...

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.