SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

-61-024942
STATE FILE NUMBER

AMENDED

Registration District No. 39 Primary Registration District No. 5531 Registrar's No. 44

FILED AUG 7 1961

1. PLACE OF DEATH
a. COUNTY HOLT

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY GENTRY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BIGELOW TWP. Length of stay in Ib 1 DAY

c. CITY OR TOWN STANBERRY Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Big LAKE STATE PARK Inside Limits Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ROBERT Middle BRUCE Last FINLEY

4. DATE OF DEATH Month AUG. Day 4 Year 1961

5. SEX MALE

6. COLOR OR RACE WHITE

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 3-31-1956

9. AGE (last birthday) 5

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) PRE-SCHOOL

10b. KIND OF BUSINESS OR INDUSTRY PRE-SCHOOL

11. BIRTHPLACE (City and state or country) IOWA City, IOWA

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME DAVID R. FINLEY

13b. MOTHER'S MAIDEN NAME DORIS DUFFIE

14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT DAVID R FINLEY - STANBERRY, MO Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) (Anoxia) Drowning

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Drowning

20c. TIME OF INJURY 8:30 Hour a.m. p.m. Month, Day, Year 8-4-61

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Big Lake State Park

20f. CITY, TOWN, OR LOCATION Big Lake State Park COUNTY Holt STATE Missouri

21. I attended the deceased from —, to —, and last saw her/him alive on —

Death occurred at 9.00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J Bruce McRae (Degree or title) MD

22b. ADDRESS Mound City Mo

22c. DATE SIGNED 8/4/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal & Bur.

23b. DATE 8-4-1961

23c. NAME OF CEMETERY OR CREMATORY HIGH RIDGE CEM.

23d. LOCATION (City, town, or county) STANBERRY, Mo. (State)

24. FUNERAL DIRECTOR ROSS JOHNSON - STANBERRY - MO ADDRESS

25. DATE RECD. BY LOCAL REG. 8-4-1961

26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

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._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed James H. Blanford

Licensed Embalmer No. 4796

P. O. Address Mound Ci

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.